





**Commonwealth of Massachusetts**  
**EMPLOYEE NON-CASH PARKING BENEFIT**

**Employee's Certification**

I hereby certify under the pains and penalty of perjury that the amounts itemized above are true and correct, were incurred by me during the performance of my official duties of the Commonwealth and conform fully with rules and regulations pertaining to employee reimbursement.

Employee Signature		Date
Supervisor's Approval	Title	Date
Fiscal Verification	Title	Date
Fiscal Approval	Title	Date
Entered into HR/CMS by	Title	Date

Submit this form to your department's payroll unit.