

ClearDay

Healthcare Staffing

PHONE: 1-866-232-8822 FAX: 1-866-636-5665

info@cleardaystaffing.com

Parking Reimbursement Form

(MUST be completed and submitted to ClearDay within 14 days of receipts)

I, _____, request ClearDay to credit my paycheck in

the amount of \$ _____, for the reimbursement of parking my vehicle at

_____ on the following
(Facility name)

day(s) _____

Attach receipt(s) here:

Employee Signature

Date