



2986 Kings Hwy, Unit B
Colonial Beach, VA 22443

Phone: 1-866-232-8822
Fax: 1-866-636-5665
E-mail: hr@xrayz4u.com
Website: www.xrayz4u.com

Parking Reimbursement Form

(Receipts MUST be completed and submitted to XRayz 4U within 14 days.)

I, _____, am requesting that XRAYZ 4U, LLC
credit my pay check in the amount of \$ _____, for reimbursement of parking my vehicle
at the following facility:

_____.

Attach the receipt(s) here.

EMPLOYEE SIGNATURE

DATE

Revised: 10/14/2008