923 S A AVENUE ORDER OF ZEWS AVON PARK, FL 33825				DENETICIARY TRAVEL EVENCES	
AUGUSTA VANC 113:52:583 SM 03041959 509 1135:25:83 SN 03041959 509 1135:25:83 S 0 8 1. Patient Data Card Information 2. Flacal Symbols 1. Patient Data Card Information 3. Flacal Symbols 4. From (Place of Departure) 9. SA AVENUE 9. STANDER 9. STANDERUE 9. MILES Traveled 7. Authorized Mileage Rate: 9. Meals & Lodging Costs 10. Ferry, Bridges, Rtc. 11. Total (Sum of § 8as, 9 and 10) 223.24 9. Meals & Lodging Costs 10. Ferry, Bridges, Rtc. 11. Total (Sum of § 8as, 9 and 10) 223.24 12. Most Economical 13. Total (Sum of 9 and 12) 14. AMOUNT CLAIMED AND PAYABLE * MINUS 9. SOLO APPLIED DEDUCTIBLE 9. SALO APPLIE	923 S A AVEN ^E ORDER OF ZFIS	055		=======================================	
3. Fiscal Symbols 4. From (Place of Departure)	113-52-5383 SM 03	3041959 509	950 15TH STREE	T 0901-2608	
4. From (Place of Departure)	1. Patient Data Card Informa	tion 	 ======= =============================	=======================================	
4. From (Place of Departure) 92 S A AVENUE 0RDER OF ZENS AVON PARK, FL 33825 6. Miles Traveled 5.6 miles 7. Authorized Mileage Rate: 93.0.15 per mile 9. Meals & Lodging Costs 10. Ferry, Bridges, Etc. 93.0.00 9. Meals & Lodging Costs 10. Ferry, Bridges, Etc. 93.0.00 11. Total (Sum of 8, 8a, 9, and 10) \$23.24 12. Most Economical Public Trans. Costs \$0.00 13. Total (Sum of 9 and 12) 14. AMOUNT CLAIMED AND PAYABLE * MINUS \$0.00 APPLIED DEDUCTIBLE MINUS \$0.00 APPLIED DEDUCTIBLE 15. Date/Time of Claim JAN 10,2017a12:05 16. Signature of Certifying Official CARLA D CLEMONS, DESIGNEE OF CERTIFYING OFFICIAL JAN 10,2017a12:05 17. Signature of Dear Avone Meals, or Logding in someocition with my authorized that is not been received. 18. Determent expense nor through the use of Government request, tickets, or tokens; nor the been received. 19. The major tation, meals, or Logding in someocition within my authorized travel that is not herein claimed. I hereby claim the amount entered in Item 14 above. I certify that the claim is correct and just and that payment has not been received. 19. Signature of Payee FRANK PAUL JONES REMARKS: AUG EMERGENCY, PD011017, CDC ACCOUNT: 829 AUDIT BLOCK AMOUNT PAID FOUND CORRECT	3. Fiscal Symbols				
6. Miles Traveled 50 miles 7. Authorized Mileage Nate: \$0.415 per mile \$23.24 \$50.00 \$0.415 per mile \$23.24 \$50.00 \$0.415 per mile \$23.24 \$50.00 \$0.00 \$0.00 \$10. Ferry, Bridges, Etc. \$0.00 \$2.2.24 \$50.00 \$10. Ferry, Bridges, Etc. \$0.00 \$2.2.24 \$11. Total (Sum of 8, 8a, 9, and 10) \$2.2.24 \$12. Most Economical Public Trans. Costs \$0.00 \$50.00 \$13. Total (Sum of 9 and 12) \$14. AMOUNT CLAIMED AND PAYABLE * MINUS \$0.00 APPLIED DEDUCTIBLE \$23.24 \$10.00 \$2.20 \$10.00 \$	4. From (Place of Departure) 923 S A AVENUE ORDER OF ZEWS		DOWNTOWN DIVISION 950 15TH STREET		
9. Meals & Lodging Costs \$0.00 10. Ferry, Bridges, Etc. \$0.00 \$23.24 \$23.24 \$25.24	6. Miles Traveled 56 miles	\$0.415 per mile	\$23.24	\$0.00	
12. Most Economical Public Trans. Costs \$0.00 \$13. Total (Sum of 9 and 12) 14. AMOUNT CLAIMED AND PAYABLE * MINUS \$0.00 APPLIED DEDUCTIBLE \$0.00 \$0.00 APPLIED DEDUCTIBLE \$23.24	9. Meals & Lodging Costs	10. Ferry, Bridges, Etc. \$0.00	11. Total (Sum of 8, 8a, 9, and \$23.24	10)	
* The amount payable is the amount entered in Item 14. I CERTIFY THAT THE CLAIMANT REPORTED FOR AN AUTHORIZED SERVICE ON THE DATE SHOWN. (Authority VA Regulation 6100 & PL 100-322) 15. Date/Time of Claim JAN 10,2017a12:05 16. Signature of Certifying Official CARLA D CLEMONS, DESIGNEE OF CERTIFYING OFFICIAL CARLA D CLEMONS, DESIGNEE OF CERTIFYING OFFICIAL I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; and have not used any Government owned conveyance or inewered any expenses which may be presented as charges against the load have not used any Government owned conveyance or inewered any expenses which may be presented as charges against the claim Lend 1 hereby claim the amount entered in Item 14 above. I certify that the claim is correct and just and that payment has not been received. I hereby acknowledge receipt, in cash or check to be mailed, of the amount in Item 14 above, in full payment of this claim. 17. Signature of Payee FRANK PAUL JONES REMARKS: AUG EMERGENCY, PD011017, CDC ACCOUNT: 829 AUDIT BLOCK AMOUNT PAID FOUND CORRECT Remarks	Public Trans. Costs \$0.00	13. Total (Sum of 9 and 12) \$0.00	14. AMOUNT CLAIMED AND PAYABLE * MINUS \$0.00 APPLIED I		
I CERTIFY THAT THE CLAIMANT REPORTED FOR AN AUHORIZED SERVICE ON THE SERVICE ON T	* The amount payable is the amount entered in Item 14.				
15. Date/Time of Claim JAN 10,2017a12:05 CARLA D CLEMONS, DESIGNEE OF CERTIFYING OFFICIAL I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained to the use of Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained to the use of Government expense nor through the use of Government request, tickets, or tokens; I have neither obtained to the use of Government expense nor through the use of Government expense nor through the use of Government expense nor through the use of Government expenses which may be presented as charges against the and charges	I CERTIFY THAT THE CLAIMANT REPORTED FOR AN AUTHORIZED SERVICE ON THE DATE SHOWN. (Authority VA Regulation 6100 & PL 100-322)				
I have neither obtained transportation at Government owned conveyance or insured any expenses which may be presented as charges against the and have not used any Government-owned conveyance or insured any expenses which may be presented as charges against the and have not used any Government owned conveyance or insured any expenses which may be presented as charges against the and have not used any Government owned conveyance or insured any expenses which may be presented as charges against the and have likely acknowledge transportation, meals, or lodging in connection with my authorized travel that is not herein claims. I hereby claim the amount entered in Item 14 above. I certify that the claim is correct and just and that payment has not been received. I hereby acknowledge receipt, in cash or check to be mailed, of the amount in Item 14 above, in full payment of this claim. 17. Signature of Payee FRANK PAUL JONES REMARKS: AUG EMERGENCY, PD011017, CDC ACCOUNT: 829 TOTAL TRIP 1 WAY = 1 RT = 0 AUDIT BLOCK AMOUNT PAID FOUND CORRECT Remarks	15. Date/Time of Claim 16. Signature of Certifying Official JAN 10.2017@12:05 CARLA D CLEMONS, DESIGNEE OF CERTIFYING OFFICIAL				
17. Signature of Payee FRANK PAUL JONES REMARKS: AUG EMERGENCY, PD011017, CDC TOTAL TRIP 1 WAY = 1 RT = 0 AUDIT BLOCK AMOUNT PAID FOUND CORRECT 18. Date 18. Date 18. Date 18. Date ACCOUNT: 829 ACCOUNT:	I have neither obtained transportation at Government expense in the degree of the construction and have not used any Government-owned conveyance or insurred any expenses which may be presented as charges against the and have not used any Government-owned conveyance or insurred any expenses which may be presented as charges against the and have not vertically authorized travel that is not herein bept. of Veterans Affairs for transportation, meals, or lodging in connection with my authorized travel that is not herein bept. I hereby claim the amount entered in Item 14 above. I certify that the claim is correct and just and that payment claimed. I hereby acknowledge receipt, in cash or check to be mailed, of the amount in Item 14 above, in full payment of this claim.				
REMARKS: AUG EMERGENCY, PD011017, CDC TOTAL TRIP 1 WAY = 1 RT = 0 AUDIT BLOCK AMOUNT PAID FOUND CORRECT ACCOUNT: 829 TOTAL MONTHLY DEDUCTIBLE \$0 AUDIT BLOCK Remarks	17. Signature of Payee	LAV In			
TOTAL TRIP 1 WAY = 1 RT = 0 AUDIT BLOCK AMOUNT PAID FOUND CORRECT TOTAL MONTHLY DEDUCTIBLE \$0 REMARKS	=======================================				
AUDIT BLOCK AMOUNT PAID FOUND CORRECT Remarks	TOTAL TRIP 1 WAY = 1		TOTAL MONTHLY DEDUCTIBLE \$0		
AMOUNT PAID FOUND CORRECT					
Auditor's Initials Date	AMOUNT PAID FOUND CORRECT		Remarks		
	Auditor's Initials	=======================================			

VA Form 70-3542d

RECEIVED \$ 23.24

PAYEE'S SIGNATURE

DATE

D JAN 1 0 2017

CHARLIE NORWOOD VA MEDICAL CENTER