



Department of Veterans Affairs

VETERAN/BENEFICIARY CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES

Section A. Traveler's Information

1.a Name of Person Claiming Travel Reimbursement (Last, First, Middle) Jones, Frank, P.	1.b Claimant's SSN 113-52-5383
	1.c Claimant's Date of Birth (mm/dd/yyyy) 03/04/1959

2.a Claimant's status: (check one) Complete 3.a, 3.b, 3.c and 3.d if Caregiver, Attendant or Donor is checked.

Veteran Caregiver (National Caregiver Program) Attendant (Medically authorized by VA) Donor (VA Transplant Care) Other

3.a Name of Veteran (Last, First, Middle) Jones, Frank, P.	3.b Veteran's SSN 113-52-5383
	3.c Veteran's Date of Birth (mm/dd/yyyy) 03/04/1959

Section B. Trip Information

1.a I am claiming travel reimbursement from address: (Street, City, State, Zip) 923 S. A. AVE - order of Zews Avon Park, FL 33825	1.b Date Trip Began (mm/dd/yyyy) 01/02/17	1.c Travel by: (e.g., car, train, bus, taxi) Bus
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2.a I am claiming return travel reimbursement to the address in B.1.a above <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (if no, provide the Street, City, State, Zip below)	2.b Date Trip Ended (mm/dd/yyyy)	2.c Travel by: (e.g., car, train, bus, taxi)
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3. I am claiming reimbursement of expenses other than mileage, such as tolls, parking, lodging, meals. YES NO

(If yes, itemize expenses below and provide a receipt for each expense claimed. Use reverse if additional space is required)

- a. Bus ticket
 - b. Loss of Property B Due to TGA
 - c. LACK OF VAMC Support Benefit
 - d. Property loss \$1000 Bus ticket \$100
 - e.
 - f.
 - g.
 - h.
- NSC

4. Treating Facility Name (VA or Non-VA location) VAMC Augusta, GA	5. Treating Facility Address (Optional)
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Section C. Statements and Certifications

Penalty Statement: There are severe criminal and civil penalties including fine or imprisonment, or both, for knowingly submitting a false, fictitious, or fraudulent claim

Certification: I have incurred a cost in relation to the travel claimed. I have not obtained transportation at Government expense, through the use of Government owned conveyance, or Government purchased tickets/tokens, or received other transportation resources at no-cost to me. I am the only person claiming for the travel listed. I have not previously received payment for the transportation claimed. I certify that the above information is correct.

Signature of Claimant 	Date (mm/dd/yyyy) 01/13/17
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