

**TRAVEL MILEAGE REIMBURSEMENT REQUEST**

Travel Mailstop (A-136-Travel)

FULL NAME(please print): \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

HOME ADDRESS (physical address, not a P.O. Box) \_\_\_\_\_  
\_\_\_\_\_

I AM REQUESTING TRAVEL REIMBURSEMENT FOR THE FOLLOWING APPOINTMENT DATE(S):  
(Please include your name on any toll or ferry receipts.)  
\_\_\_\_\_  
\_\_\_\_\_

VETERAN SIGNATURE: \_\_\_\_\_

Your signature affirms information given is true & accurate. Veterans making false statements for beneficiary travel reimbursement may be prosecuted under applicable laws. Any questions can be addressed by calling Beneficiary Travel at 1-800-329-8387, extension 162120; or extension 171314.

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