



SAGINAW COUNTY VETERAN'S TRAVEL REIMBURSEMENT FORM

Section A: Veteran's Information					
1(a). Name of Claimant (Last, First, Middle)			1(b). Claimant's Social Security Number		
			1(c). Claimant's Date of Birth (mm/dd/yyyy)		
1(d). Claimant's Address			1(e). Claimant's Home Phone		
1(f). Claimant's Cell Phone Number		1(g). Claimant's Email Address			
2. Claimant's Status (Check One)					
<input type="checkbox"/> Veteran <input type="checkbox"/> Caregiver <input type="checkbox"/> Attendant <input type="checkbox"/> Donor <input type="checkbox"/> Other					
Complete 3(a-g). IF: Caregiver, Attendant, or Donor is checked.					
3(a). Name of Veteran (Last, First, Middle)			3(b). Veteran's Social Security Number		
			3(c). Veteran's Date of Birth (mm/dd/yyyy)		
3(d). Veteran's Address			3(e). Veteran's Home Phone		
3(f). Veteran's Cell Phone Number		3(g). Veteran's Email Address			
4. Veteran's Service Information (the following information should be furnished for the periods of the VETERAN'S ACTIVE SERVICE ONLY)					
4(a). Entered Service		4(b). Service Number	4(c). Separated from Service		4(d). Grade, Rank, or Rating; Organizaion and Branch of Service
Date	Place		Date	Place	

Section B: Travel Information

1(a). I am claiming travel reimbursement from address: (Street, City, State, Zip)	1(b). Date Trip Began (mm/dd/yyyy)	1(c). Travel by: (e.g., car, train, bus, taxi)
2(a). I am claiming return travel reimbursement to the address in B.1.a above <input type="checkbox"/> YES <input 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)
3. I am claiming reimbursement for expenses other than mileage (e.g., tolls & parking) <input type="checkbox"/> YES <input type="checkbox"/> NO (If YES, itemize expenses below and provide a receipt for each expense claimed. Use separate sheet of paper if additional space is required)		
a.		
b.		
c.		
d.		
e.		
f.		
4. Treatment Facility Name	5. Treatment Facility Address	

Section C. Statements and Certifications

Penalty Statement: There may be severe criminal and civil penalties including fine, 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 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 (sign in ink)	Date (mm/dd/yyyy)
Witness to Signature if made by "X"	
NOTE – If claimant signed above using an "X," signature must be witnessed by two persons with whom the person making the statement is personally known, and the signatures and addresses of these witnesses must be shown below.	
Signature of Witness (sign in ink)	Printed Name and Address of Witness
Signature of Witness (Sign in ink)	Printed Name and Address of Witness