CANCER SERVICES

505 E. Perkins Ave., Sandusky, OH 44870 • (419) 626-4548 or (800) 401-9054
www.freecancerservices.org Fax: (419) 502-0222

Travel Reimbursement Request

A United Way of Erie County Partner Agency and Norwalk Area United Fund Agency

Travel Form – Auto

1. Patient to complete section 1
2. Medical provider to complete section 2
3. Sign and return form with receipts

Please submit request no later than 30 days past first appointment indicated.

1. TRANSPORTATION INFORMATION:

Name of Patient _____ Age____ F___ M___

Address _____ City_____

County _____ Zip_____ Phone_____

Total Miles for a round trip:_____

Total Number of Trips:_____

Parking $_____
(Enclose parking & toll receipts)

Turnpike Tolls $_____

Please send me additional mileage forms: yes___no___

2. MEDICAL PROVIDER:

This is to verify that the above named person:

Had an appointment on _____(date)
on _____(date)
on _____(date)
on _____(date)
on _____(date)

at:_____
(Doctor's name and place of medical provider-Example Dr. Jones at Cleveland Clinic)

Address:_____
City:_____State:_____Zip Code:_____
Phone # _____

Authorized Name (Printed) and Title_____Signature _____

3. I hereby acknowledge that the above information is true to the best of my knowledge.

Signature of Patient_____ Date_____