OMB Control No: 2900-0798
Estimated Burden: 10 minutes
Expiration Date: 11/30/2027

Department of Veterans Affairs

VETERAN/BENEFICIARY CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES

SECTION A. TRAVELER'S INFORMATION

1A. NAME OF PERSON CLAIMING TRAVEL REIMBURSEMENT *(Last, First, Middle)*	1B. CLAIMANT'S SSN *(999-99-9999)*
	1C. CLAIMANT'S DATE OF BIRTH *(MM/DD/YYYY)*

2A. CLAIMANT'S STATUS *(check one)* ***(Complete 3A, 3B, 3C and 3D if Caregiver, Attendant or Donor is checked)***

☐ VETERAN ☐ CAREGIVER *(National Caregiver Program)* ☐ ATTENDANT *(Medically authorized by VA)* ☐ DONOR *(VA Transplant Care)*

☐ OTHER: _____

3A. NAME OF VETERAN *(Last, First, Middle)*	3B. VETERAN'S SSN *(999-99-9999)*
	3C. VETERAN'S DATE OF BIRTH *(MM/DD/YYYY)*

SECTION B. TRIP INFORMATION

1A. I AM CLAIMING TRAVEL REIMBURSEMENT FROM ADDRESS *(Street, City, State, Zip)*	1B. DATE TRIP BEGAN *(MM/DD/YYYY)*
	1C. TRAVEL BY *(e.g., car, train, bus, taxi)*
2A. I AM CLAIMING RETURN TRAVEL REIMBURSEMENT TO THE ADDRESS IN SECTION B. 1A. ABOVE ☐ YES ☐ NO *(If "NO," provide the Street, City, State, Zip below)*	2B. DATE TRIP ENDED *(MM/DD/YYYY)*
	2C. TRAVEL BY *(e.g., car, train, bus, taxi)*

3. I AM CLAIMING REIMBURSEMENT OF EXPENSES OTHER THAN MILEAGE, SUCH AS TOLLS, PARKING, LODGING, MEALS.

☐ YES *(If "YES," itemize expenses below and provide a receipt for each expense claimed. Use reverse if additional space is required)* ☐ NO

A.
B.
C.
D.
E.
F.
G.

4. TREATING FACILITY NAME *(VA or Non-VA location)*	5. TREATING FACILITY ADDRESS *(Optional)*

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)*

INSTRUCTIONS FOR COMPLETING VETERAN/BENEFICIARY CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES

Who is Eligible for Reimbursement of Travel Expenses

1. Veterans rated by VA 30% or more service-connected for travel relating to any condition
2. Veterans rated by VA less than 30% for travel relating to their service-connected condition
3. Veterans receiving VA pension benefits for travel relating to any condition
4. Veterans with annual income below the maximum applicable annual rate of pension for any condition
5. Veterans who are unable to defray the cost of travel (as defined in current Beneficiary Travel regulations)
6. Veterans traveling in relation to a Compensation and Pension (C&P) examination
7. Certain Veterans in certain emergency situations
8. Beneficiaries of other Federal Agencies when authorized by that agency
9. Allied beneficiaries when authorized by appropriate foreign government agency
10. Certain non-Veterans when related to care of a Veteran (Caregivers under the National Caregivers Program, medically required attendants, VA transplant care donor and support person, or other claimants subject to current regulatory guidelines)

Instructions

1. The claimant or legal representative of claimant may complete this form or apply for reimbursement online at: https://eauth.va.gov/accessva.
2. Allied beneficiaries and beneficiaries of other federal agencies are not required to complete Section A, Question 3a-c.
3. This form may be submitted in person or mailed to the VA health care facility where care was provided. Addresses of VA health care facilities can be found at: http://www.va.gov/directory.
4. Application for travel reimbursement must be submitted online, in person, or postmarked within 30 calendar days of travel completion. *Exception: Application submission beyond 30 days may occur when claim is a result of change in Beneficiary Travel eligibility.*
5. Receipts are required for allowable non-mileage expenses, for example, bridge, road and tunnel tolls; parking; ferry fares; meals; lodging; and transport by bus, train, taxi, or other public transportation. Prior approval is required for meals and lodging.
6. Verification of attendance. Claims for expenses of travel to or from VA-authorized appointments with non-VA providers in the community are required to be submitted with documentation providing proof that care/services were received from the community provider. Examples of valid proof include, but are not limited to, work/school release note from the community provider, document on community provider letterhead showing date appointment was completed, etc.
7. Applications determined eligible for travel benefits will be processed for payment at the current authorized rate, subject to any applicable deductibles.
8. Payment will be made by electronic funds transfer (EFT) unless other arrangements have been made
9. For assistance in completing the form, call 1-877-222-VETS (8387).