



CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES

AUTHORIZATION TO REPORT		1. DATE ISSUED	
2. NAME AND ADDRESS OF CLAIMANT (<i>Last, First, Middle</i>) «FullName» «ResidentAddress»		3. CLAIMANT'S SSN «SSN»	
		4. REASON FOR REPORTING «ReasonReporting»	
		5. NAME AND ADDRESS OF ISSUING OFFICE «ROAddress»	
6. WHEN TO REPORT «WhenToReport»			
7. REMARKS (<i>Show "type" of travel authorized, serial numbers of Government request form(s), ticket(s), etc.</i>)			
8. TRAVEL AT GOVERNMENT'S EXPENSE <input checked="" type="checkbox"/> IS AUTHORIZED <input type="checkbox"/> IS NOT AUTHORIZED		9. AUTHORIZATION PERIOD	
10. AUTHORIZATION MILEAGE RATE «MileageRate»	11. MAXIMUM MEAL AND LODGING RATE «MaxRate»	12. ESTIMATED COST OF TRAVEL	
13. AUTHORITY 38 CFR 21.370 through 21.376	14. FISCAL SYMBOLS 36x0137-3546	15. SIGNATURE OF AUTHORIZING OFFICIAL	
VOUCHER FOR MILEAGE ALLOWANCE		16. SUBVOUCHER NO.	
17. CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES - MILEAGE ALLOWANCE BASIS			
FROM «From»	A. MILES TRAVELED (Round trip)	B. AMOUNT CLAIMED AT AUTHORIZED MILEAGE RATE	C. TOTAL MILEAGE ALLOWANCE \$
TO «To»			
18. I AM CLAIMING REIMBURSEMENT OF EXPENSES OTHER THAN MILEAGE, SUCH AS TOLLS, PARKING, LODGING, AND MEALS. <input type="checkbox"/> YES <input type="checkbox"/> NO (<i>If "Yes," complete Item 19</i>)			
19. ITEMIZE EXPENSES BELOW AND PROVIDE A RECEIPT FOR EACH EXPENSE CLAIMED.			
A. PARKING			\$
B. TOLLS			\$
C. LODGING			\$
D. MEALS			\$
E. OTHER: _____			\$
F. OTHER: _____			\$
G. OTHER: _____			\$
H. TOTAL AMOUNT OF EXPENSES (<i>Items 19A - 19G</i>)			\$
20. TOTAL AMOUNT CLAIMED (<i>Items 17C and 19H</i>)			

21. NAME OF PERSON CLAIMING TRAVEL REIMBURSEMENT (<i>Last, First, Middle</i>) «FullName»		22. CLAIMANT'S SSN «SSN»
STATEMENTS AND CERTIFICATIONS		
23. PENALTY STATEMENT: There are severe criminal and civil penalties including fine or imprisonment, or both, for knowingly submitting a false, fictitious or fraudulent claim.		
24. 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.		
25. SIGNATURE OF CLAIMANT		26. DATE (<i>MM/DD/YYYY</i>)
27. I CERTIFY THAT the claimant named herein reported to this office or other place in connection with rehabilitation for the purpose authorized on the date(s) shown.		
28. DATE(S) REPORTED	29. SIGNATURE AND TITLE	
VOUCHER AUDITOR REVIEW		
30. AMOUNT DUE \$	31. DATE	32. VOUCHER AUDITOR
33. REMARKS		
<p>PRIVACY ACT NOTICE: VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., to permit delivery of benefit payments to veterans and other beneficiaries) as identified in the VA system of records, 58VA21/22/28 Compensation, Pension, Education and Vocational Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain benefits. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by a Federal Statute of law in effect prior to January 1, 1975, and still in effect. Information submitted is subject to verification through computer matching programs with other agencies.</p> <p>RESPONDENT BURDEN: We need this information to provide beneficiary travel benefits under 38 CFR 21.370 through 21.376. Title 38 United States Code, allows us to ask for this information. We estimate that you will need an average of 5 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.</p>		

CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES ELIGIBILITY REQUIREMENTS AND INSTRUCTIONS

ELIGIBILITY REQUIREMENTS FOR REIMBURSEMENT OF TRAVEL EXPENSES

1. Vocational Rehabilitation and Employment (VR&E) must reimburse travel expenses when a veteran with a service-connected disability is asked to report to a designated place for an initial evaluation, a reevaluation, or a counseling appointment (including personal or vocational adjustment counseling) in accordance with 38 CFR 21.376.
2. VR&E may authorize reimbursement of travel expenses to an individual participating in a rehabilitation program or a program of employment services when travel is within the territory of the Regional Office (RO) of jurisdiction and meets the conditions outlined in 38 CFR 21.370. Prior approval from the case manager is required and travel must be outside the routine commuting distance in the geographic area (50 miles one-way.)
3. VR&E may authorize reimbursement of travel expenses to a veteran when travel from the jurisdiction of one RO to another is needed to accomplish the goals of his/her rehabilitation plan and meets the conditions outlined in 38 CFR 21.372. Prior approval from the case manager is required.
4. VA does not authorize reimbursement for scheduled case management appointments; either at a training facility or VR&E Office unless the veteran is in need of and provided vocational exploration or vocational adjustment counseling.

INSTRUCTIONS FOR COMPLETING CLAIM FOR REIMBURSEMENT OF TRAVEL EXPENSES

1. VR&E staff must use this form to certify that claimants reported to the VR&E office or other place in connection with vocational rehabilitation for the purpose authorized on the date(s) shown.
2. The claimant or legal representative of the claimant must sign this form.
3. Claims for travel benefits using this form may be made in person or mailed to the VR&E Office.
4. When authorized, mileage will be calculated to and from the claimant's residence and the place of evaluation and counseling or other place in connection with vocational rehabilitation.
5. The actual cost of bus, train, taxi or other public transportation fare may be reimbursed in lieu of mileage; however, consideration must be given to the most economical means of transportation.
6. Receipts are required for allowable non-mileage expenses, e.g., bridge, road and tunnel tolls, parking, ferry fares, meals, lodging, and fares for bus, train, taxi or other public transportation. Prior approval is required for meals and lodging.
7. Failure to claim reimbursement within 30 days after completion of travel will result in forfeiture of travel benefits.
8. Payments will be sent directly to the claimant by paper check.
9. For assistance in completing the form, call 1-800-827-1000. If you use the Telecommunications Device for the Deaf (TDD), the Federal number is 711.