



GHITTERMAN, GHITTERMAN & FELD

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2024 MILEAGE & MEDICATION REIMBURSEMENT REQUEST

NAME: _____

HOME ADDRESS, CITY, STATE, ZIP: _____

PHONE: _____

DATE	DOCTOR'S OR PHARMACY'S NAME & ADDRESS	ROUND TRIP MILEAGE	RATE FOR MILEAGE	AMOUNT FOR MILEAGE	MISCELLANEOUS EXPENSES (e.g. Medication (Rx), Tolls, Parking...etc.)	AMOUNT FOR MISC	TOTAL AMOUNT REQUESTED
1/8/2024	EXAMPLE: CVS – 123 Main St, Visalia, CA 93292	16.4	\$0.67/mi	\$10.99	Parking- \$5, Rx#1234- \$8.70	\$13.70	\$24.69
			\$0.67				
			\$0.67				
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			\$0.67				
			\$0.67				
			\$0.67				
			\$0.67				

TOTAL REIMBURSEMENT REQUESTED

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