



GHITTERMAN, GHITTERMAN & FELD

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2025 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
01/08/2025	EXAMPLE: CVS – 123 GGF Street, CA 12345	16.4	\$0.70	\$11.48	Parking- \$5, Rx#1234- \$8.70	\$13.70	\$25.18
			\$0.70				
			\$0.70				
			\$0.70				
			\$0.70				
			\$0.70				
			\$0.70				
			\$0.70				
TOTAL REIMBURSEMENT REQUESTED							