GHITTERMAN, GHITTERMAN & FELD
418 E. CANON PERDIDO STREET ● SANTA BARBARA, CA 93101
(805) 965-4540 ● FAX (805) 965-5009
www.ghitterman.com

JULY – DECEMBER 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
01/08/2026	*EXAMPLE: CVS – 123 GGF Street, Bakersfield, CA 12345*	*20*	*$0.76*	*$15.20*	*Parking $10; Medication: $5*	*$15.00*	*$30.20*

TOTAL REIMBURSEMENT REQUESTED