

Medical Travel Expense Record

Fill out one section per medically necessary trip

Attach ferry receipts for each trip even if covered by the Travel Assistance Plan

Patient	
Reason for travelling	
Date of departure from home	
Date of return to home	
Destination	
Escort allowed by Travel Assistance (Y or N)	
Time of departure (see ferry slip or airline ticket)	
Time of return (see ferry slip or airline ticket)	
Number of meals taken by patient	
Number of meals taken by escort	
Mileage to carry out appointment (use odometer or google maps)	
Lodging Expenses (attach receipts)	
Parking Fees (attach receipts)	
Travel expenses not covered by Travel Assistance (attach receipts)	
Other Fees related to appointment (attach receipts)	

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Patient	
Reason for travelling	
Date of departure from home	
Date of return to home	
Destination	
Escort allowed by Travel Assistance (Y or N)	
Time left of departure (see ferry slip or airline ticket)	
Time of return (see ferry slip or airline ticket)	
Number of meals taken by patient	
Number of meals taken by escort	
Mileage to carry out appointment (use odometer or google maps)	
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