SPECIALTY CARE

STATEMENT OF ACTUAL EXPENSES

SPECIALTY CARE

REIMBURSABLE EXPENSES *(JTR, par. C4601 and JFTR, par. U4205)*

DATE 2008	LODGING *(Note 1)*	MEALS *(Note 2)*			LAUNDRY PRESSING CLEANING	LOCAL TRANSPOR-TATION *(Note 3)*	OTHER *(Note 4)*
		BREAKFAST	LUNCH	DINNER			
MAR 3		5.25	8.05	16.00			
MAR 4		3.25	7.25	16.50			
MAR 5		5.75	9.00	15.00			

EXAMPLE
PATIENT TRAVELING WITH NMA

NOTES

(1) Attach lodging receipt(s) as supporting document(s).

(2) Cost of each meal and tip (less the cost of alcoholic beverages).

(3) Cost of local transportation and tips for travel between places of lodging or duty points and places where meals are taken not otherwise reimbursable *(JTR, par. C2402, and JFTR, par.U3510).*

(4) (a) Fees and tips to hotel employees;
(b) Fees and tips to porters and baggage carriers *(Members of Uniformed Services indicate only those fees and tips paid to porters and baggage carriers at places of lodging. Fees and tips at common carrier terminals are separately reimbursable.);*
(c) Communications charges for lodging reservations;
(d) Expenses *(other than those shown on lodging receipts)* related to lodging;
(e) Expenses for personal laundry and cleaning of clothing.
(See JFTR and JTR Appendix A, under definition of per diem, for listing of other incidental expenses.)

I, PATIENT'S NAME certify that itemized amounts are actual and necessary expenses
(Type or Print Name)
incurred by me in performance of official travel for which I have not been reimbursed.

SIGNATURE	DATE
PATIENT'S SIGNATURE WITH DATE	

Reset