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

## 2018 MILEAGE REIMBURSEMENT REQUEST

NAME: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

| DATE | DOCTOR'S ADDRESS | ROUND TRIP MILEAGE | RATE | MILEAGE TOTAL | PARKING/ TOLLS | TOTAL REQUEST |
|---|---|---|---|---|---|---|
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | $ 0.545 | $ 0.00 | | $ 0.00 |
| | | | | | **TOTAL REIMBURSEMENT REQUESTED** | $ 0.00 |