



**GHITTERMAN, GHITTERMAN & FELD**  
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**2020 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
1/8/2020	EXAMPLE: CVS – 123 Main St, Visalia, CA 93292	16.4	.575	\$9.43	Parking- \$5, Rx#1234- \$8.70	\$13.70	\$23.13

**TOTAL REIMBURSEMENT REQUESTED**