



GHITTERMAN, GHITTERMAN & FELD
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2025 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 |
|------------|---|--------------------|------------------|--------------------|--|-----------------|------------------------|
| 01/08/2025 | EXAMPLE: CVS – 123 GGF Street, CA 12345 | 16.4 | \$0.70 | \$11.48 | Parking- \$5, Rx#1234- \$8.70 | \$13.70 | \$25.18 |
| | | | \$0.70 | | | | |
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TOTAL REIMBURSEMENT REQUESTED