



American Parkinson Disease Association

Northwest Chapter
 150 Nickerson St, Suite 100
 Seattle, WA 98109
 www.APDAnorthwest.org

APDA RIDE REPAY – Reimbursement Form

Name: _____

Address: _____

Phone: _____

Email: _____

APDA RIDE REPAY reimburses transportation expenses in \$100 increments, up to a maximum benefit of \$300 per calendar year. Participants are eligible for one check per month.

Receipts must be for transportation expenses such as gas, taxicab, bus, ferry or rail expenses. Please submit this form when the total of your receipts reaches a minimum of \$100. **ATTACH ALL RECEIPTS**, and return in the envelope provided. You may also scan the form and receipts and email to info@waparkinsons.org or fax to 206-455-8980. **Receipts must be submitted to be reimbursed.**

DATE	TYPE OF EXPENSE (e.g. gas, taxi, bus, ferry)	AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL (minimum \$100)	\$

Benefits used 2016: \$