

## APDA RIDE REPAY REIMBURSEMENT FORM

Name:

Address:

Email:

Phone #:

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 [apdanw@apdaparkinson.org](mailto:apdanw@apdaparkinson.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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	<b>TOTAL (minimum \$100)</b>	\$