

APDA RIDE REPAY – 2019 REIMBURSEMENT FORM

Name: _____

Address: _____

5900 Monona Drive, Suite 407

Monona, WI 53716

www.apdaparkinson.org/wisconsin

Phone: _____

Email: _____

Date of Birth: _____

Year of Diagnosis: _____

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.** You may also scan the form and receipts and email to apdawi@apdaparkinson.org **Receipts must be submitted to be reimbursed and must be dated after grant approval.**

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

Benefits used 2019: \$