



**APPLICATION FOR REIMBURSEMENT**

*To help us process your reimbursement as quickly as possible, please complete this form and return to one of our branch offices or mail to:*

**AAA Northern New England  
Att: Reimbursements  
Po Box 3544  
Portland, ME 04104-3544**

**We must receive the original receipt for the service performed. Please retain a copy for your personal records.**

**MEMBER INFORMATION**

<b>Member Name:</b>	<b>Member Number:</b> 036-
<b>Address:</b>	<b>City:</b> <b>State:</b> <b>Zip:</b>
<b>Home Telephone:</b> (      )	<b>Work Telephone:</b> (      )

**VEHICLE INFORMATION**

<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Color</b>
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**RESPONDING FACILITY INFORMATION**

<b>Date of Service:</b> / /	<b>Location of Disablement (Street name, Town):</b>
<b>Name of Responding Garage:</b>	<b>Garage Address:</b> <b>Phone: (      )</b>
<b>If Towed, Where To?</b> <b>How many miles?</b>	<b>Amount Paid For Service:</b> \$

**SERVICE INFORMATION**

<input type="checkbox"/> <b>Tow</b>	<input type="checkbox"/> <b>Jump Start</b>
<input type="checkbox"/> <b>Fuel Delivery</b>	<input type="checkbox"/> <b>Accident/Recovery</b>
<input type="checkbox"/> <b>Flat Tire</b>	<input type="checkbox"/> <b>Police Call</b>
<input type="checkbox"/> <b>Locksmith Services</b>	<input type="checkbox"/> <b>Other (please explain below)</b>

<b>Did you call AAA Directly? <input type="checkbox"/> YES <input type="checkbox"/> NO</b>
<i>If AAA was not called directly, please provide a brief description as to why a non-contracted facility serviced you.</i>
<b>COMMENTS:</b>