

TO:

**RE: Claimant:
 Your Insured:
 Claim Number:
 D/A:**

Dear Sir or Madam:

I am submitting this travel expense voucher to you for reimbursement of my travel expenses related to medical treatment I received as a result of the accident, as follows:

Please reimburse me the **TOTAL** of \$ _____ for my travel expense. Thank you for your time.

Sincerely,