

# The ALS Association - Jim "Catfish" Hunter Chapter

## Transportation Grant Program Billing Statement for Reimbursement

### Patient Information

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_ Phone (if different): \_\_\_\_\_

Purpose of trip(s) and destination(s): \_\_\_\_\_

Date(s) transportation was provided: \_\_\_\_\_

### Please fill out the appropriate box(s) below:

#### Reimbursement Information (To be paid directly to the grantee)

Name of individual to be reimbursed: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ \*Social Security #: \_\_\_\_\_

Amount and/or total miles traveled: \$ \_\_\_\_\_ (Attach all receipts/proof of payment to this statement)

**\*You may be responsible for paying taxes on grant monies received. Please consult your tax professional or the IRS for more information.**

**- AND/OR -**

#### Direct Billing Information (Please complete if there is a bill to be paid directly to service provider)

Company/Individual Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ \*Social Security/EIN #: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ (Attach appropriate invoice/bill to this statement)

**\*You may be responsible for paying taxes on grant monies received. Please consult your tax professional or the IRS for more information.**

Please note that it may take a few weeks to receive a reimbursement check after sending this completed statement. If you do not receive a check from us within two weeks of sending this statement, you may call us toll free at (877) 568-4347 to inquire about the status of your reimbursement.

Today's Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Please fax or mail this completed billing statement along with copies of appropriate receipts to:**

**ALSA- Jim "Catfish" Hunter Chapter**  
Attn: Transportation Program  
120-101 Penmarc Drive  
Raleigh, NC 27603  
Fax: 919-755-0910