WINONA COUNTY COMMUNITY SERVICES
CLAIM FOR REIMBURSEMENT OF MEDICAL TRAVEL EXPENSES

One client listed per claim form. Claim form must be returned to Winona County within 60 days. Claims received by the 8th of the month will be processed for payment that month.

Person to receive reimbursement	CLIENT NAME:
NAME:	CLIENT ADDRESS:
ADDRESS:	PMI #
	CASE #
RELATION TO CLIENT:	CLIENT DATE OF BIRTH:

All bills must be itemized and verification of your visit to the facility attached. In addition, original receipts, if any, should be attached.
Refer to your Notice of Access Service packet for acceptable forms of verification. Contact your worker for a copy or visit http://www.co.winona.mn.us/page/2825

DATE OF SERVICE	STARTING ADDRESS	DESTINATION ADDRESS	MILEAGE (ROUND TRIP)	MEALS	PARKING /OTHER	***COUNTY USE ONLY*** RATE	REIMB AMT

I declare under the penalty of law that this claim or demand is just and correct and that no part of it has been paid.
I understand that misreporting is fraud for which I could face criminal prosecution or civil proceedings.

Winona County Community Services
202 West 3rd Street
Winona, MN 55987-3146

Signature of Claimant Date Signature of Financial Worker Date

8/16/2018 This agency is an equal opportunity and veteran friendly employer.