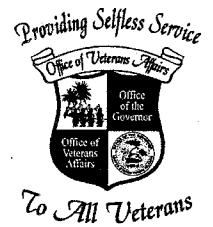




Government of
The United States Virgin Islands

OFFICE OF VETERANS AFFAIRS



St. Croix:
Tel.: (340) 773-6663
Fax: (340) 692-9563

St. Thomas:
Tel.: (340) 774-6100
Fax: (340) 714-0589

Medical Travel Reimbursement

To Whom It May Concern:

This letter is verifying that I, _____/SSN or SN _____

Herby request reimbursement in the sum of \$ _____, from the Government of
The USVI through The Office of Veterans Affairs, for travel expenses out of the territory
on _____ to _____ for medical treatment.

The receipts for my travel expenses have been submitted to The Office of Veterans
Affairs in accordance with local legislation, Act No 6827 (Bill No. 26-0219), which
entitles a veteran to request reimbursement for travel expenses after completion of a VA
requested travel appointment.

Thank you for your cooperation in this matter.

Signature: _____ Date: _____

Address where check will be mailed to: _____ Telephone: _____

