



**Ryan White HIV/AIDS Treatment Extension Act  
Boston EMA HIV Health Services Planning Council**

c/o Planning Council Support  
1010 Massachusetts Ave, 2<sup>nd</sup> Floor | Boston, MA 02118  
Phone: 617.534.5611 | Fax: 617.419.1340

**Consumer Travel Reimbursement Form**

Planning Council (PC) Member Information				
<b>Last Name</b>				
<b>First Name</b>				
<b>Remit Check Address</b>	Street:	City:	State:	Zip Code:
Type of Event				
<input type="checkbox"/> Planning Council Meeting <input type="checkbox"/> Other: _____				
<b>Committee Meeting(s):</b> <input type="checkbox"/> Executive <input type="checkbox"/> Consumer <input type="checkbox"/> NRAC <input type="checkbox"/> SPEC <input type="checkbox"/> Other: _____				

Travel Expenses									
<b>Traveled From Address</b>					<b>Traveled To Address</b>				
<input type="checkbox"/> Old South Church, Boston, MA 02116  <input type="checkbox"/> Other: _____					<input type="checkbox"/> Old South Church, Boston, MA 02116  <input type="checkbox"/> Other: _____				
Travel Date	Private Automobile				Other Transportation				
	Total Miles Traveled	Mileage Reimbursement	Parking	Tolls	Commuter Rail	Commercial Bus	Taxi	MBTA (Train)	MBTA (Bus)
____/____/____ (MM/DD/YY)		\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Total Travel Reimbursement</b>				\$ _____					

<b><u>Comments:</u></b>
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<b>Consumer Signature:</b>
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For PCS Staff Use Only
Receipt Date: ____/____/____
All travel receipts received: <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, list missing receipts) _____
Follow-up Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, please describe) _____
PCS Staff Initial: _____