

# ROADSIDE ASSISTANCE

Expense Claim Form

Claim No: \_\_\_\_\_

Date: \_\_\_\_\_

## CLAIMANT INFORMATION

Full Name

Membership / Policy Number

Email Address

Phone Number

## VEHICLE & INCIDENT DETAILS

Vehicle Make, Model & Year

License Plate Number / VIN

Date & Time of Incident

Location of Incident

Description of Incident / Reason for Assistance

## EXPENSE BREAKDOWN

DATE OF SERVICE	SERVICE PROVIDER / COMPANY	DESCRIPTION OF SERVICE (TOWING, BATTERY, TIRE, LOCKOUT, ETC.)	AMOUNT

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**Total Claim Amount:** \_\_\_\_\_

**REIMBURSEMENT METHOD**

**Preferred Payment Method**

Direct Deposit

Check  
Payee Name (for Check) / Account Name (for Transfer)

Bank Name

Account Number / Routing Number

Claimant Signature Date

Authorized Approver Signature Date

Please attach all original, itemized receipts and service reports to this claim form for processing.