



REIMBURSEMENT APPLICATION

Please be aware of these eligibility requirements:

- Include the **ORIGINAL** receipt. Reimbursement requests cannot be processed with a photocopy, facsimile or scanned copy.
- The receipt must be made out to a valid AAA Pioneer Valley member.
- This application with your receipt must be postmarked or received within sixty (60) days of the service date.

Please follow these instructions: See Member Benefits guide for applicable member reimbursement provisions. Complete this application form fully. Please type or print legibly to expedite processing. Keep copies of this Reimbursement Application and your receipt for your records. Attach the **ORIGINAL** receipt to this Reimbursement Application and mail to AAA Pioneer Valley at the following address:

AAA Pioneer Valley, Attn: Automotive Services, 150 Capital Drive, West Springfield, MA. 01089

Member's Name: _____ Membership # 045 - _____ Expires: ____/____
(Month/Yr)

Mailing Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone Number: (____) _____ E-Mail: (optional) _____

Date of Service: ** _____ Time: _____ AM/PM

Year of Vehicle: _____ Make: _____ Model: _____ License Plate: _____

Location of Vehicle at Time of Service: _____

Problem with Vehicle: _____

Service Provided: (circle) Flat Tire, Fuel, Start, Vehicle Lockout, Towing, Collision/Accident, Winch, Vehicle Locksmith,
(Premier Member Only): Home Lockout Service, Rental Car Reimbursement (one-day only)

If towed, to what destination: _____ City/State: _____ How many miles? _____

Did you Call AAA to obtain Roadside Assistance? Yes _____ No _____

Was service provided by a AAA service provider? Yes _____ No _____

Were you present when service arrived? Yes _____ No _____

Was a valid AAA card and matching ID presented at time of service? Yes _____ No _____

If AAA was not contacted for service, please explain: _____

If AAA was called and/or used, why were you charged? _____

Comments: _____

(Use separate sheet for further comments)

Amount charged for service: \$ _____ Name of company rendering service: _____
(original itemized receipt in member's name must be attached)

MEMBER'S SIGNATURE: _____ **DATE:** _____

Dear Member: Thank you for your Reimbursement Application. Please be assured that your request will be processed as quickly as possible. You should receive a response within 12 – 14 working days.

Office use only:

Date Received: _____ Invoice Date: _____ Invoice Amount: _____

Allow Refund: Yes _____ No _____

Basic: _____ Plus: _____ RV: _____ Premier: _____

Total Refund: _____

Processed by: _____ Date: _____