

REQUEST FOR PAYMENT OF TRANSPORTATION EXPENSES FOR DECEASED DEPENDENT OR RETIREE

SECTION I - DECEASED DEPENDENT OR RETIREE INFORMATION *(To be completed by military authorities)*

1. MILITARY ACTIVITY PREPARING THIS FORM <i>(Include zip code)</i>	2. MILITARY ACTIVITY RECEIVING THIS FORM FOR PAYMENT <i>(Include zip code)</i>	
3. NAME OF DECEASED <i>(Last, First, Middle Initial)</i>	4. PLACE OF DEATH	5. DATE OF DEATH
6. NAME AND ADDRESS OF NEXT OF KIN <i>(Include zip code)</i>	7. TELEPHONE <i>(Include area code)</i>	8. RELATIONSHIP TO DECEASED
9. NAME AND ADDRESS OF OF RECEIVING FUNERAL DIRECTOR <i>(Selected by next of kin) (Include zip code)</i>		

SECTION II - NEXT OF KIN REIMBURSEMENT OF EXPENSES FOR TRANSPORTATION OF REMAINS *(To be completed by next of kin)*

INSTRUCTIONS

1. Attach documents that support expenses, such as: Funeral Director's invoice, airline passenger ticket, baggage check, etc.
2. Mail to addressee in item 2. above.
3. Complete sections II and III (accuracy in completion expedites reimbursement).
4. Enter N/A (not applicable) in items 11 and 12 when a private carrier rather than a common carrier is used.

10. REMOVAL OF REMAINS FROM PLACE OF DEATH TO PREPARING FUNERAL HOME	\$
11. DELIVERY BY FUNERAL HOME FROM PLACE OF PREPARATION TO COMMON CARRIER LOADING POINT	\$
12. DELIVERY OF REMAINS BY HEARSE FROM COMMON CARRIER TERMINAL TO RECEIVING FUNERAL HOME OR OTHER PLACE OF IMMEDIATE DELIVERY	\$
13. DELIVERY OF REMAINS FROM RECEIVING FUNERAL HOME TO CEMETERY OR OTHER PLACE OF DELIVERY	\$
14. SHIPPING CONTAINER <i>(Only one authorized)</i>	<input type="checkbox"/> WOODEN <input type="checkbox"/> LIGHTWEIGHT
15. CONSULAR FEES FOR SHIPPING DOCUMENTS AND SEALING OF CONTAINER FOR INTERNATIONAL SHIPMENT	\$
16. TOTAL OF ABOVE EXPENSES	\$

SECTION III - REIMBURSEMENT FOR SHIPPING REMAINS *(To be completed when next of kin has paid common or private carrier cost to ship remains)*

17. SHIPPING COST	\$	
18. SHIPPED FROM <i>(Include zip code)</i>	19. SHIPPED TO <i>(Include zip code)</i>	20. Mode of Shipment <input type="checkbox"/> RAIL <input type="checkbox"/> AIR <input type="checkbox"/> HEARSE

SECTION IV - STATEMENT OF NEXT OF KIN

I have not filed a claim for these expenses with the Veterans Administration or any other government agency. I will not file a claim for these expenses with the Veterans Administration or any other government agency unless the nature and amount of this claim is disclosed to that agency. I have paid or incurred expenses in the amounts entered in section II and/or section III. I want the government allowable amount to be paid to the individual named in item 21 (if different from name and address in item 6).

21. NAME AND ADDRESS <i>(Please print or type)</i>	22. SIGNATURE OF NEXT OF KIN	23. DATE
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