

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 RECEIVING FUNERAL DIRECTOR *(Selected by next of kin) (Include zip code)*

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
--	------------------------------	----------

**Download any U.S. FedForm (free, fillable, savable in Adobe Reader)!
Start with the "Flash Demo" at the top of the following page:
www.usa-federal-forms.com**

**Convert any fillable PDF form to savable (locally, in Adobe Reader):
www.savePDF.com**

**Convert any document (in any format) to PDF fillable and savable:
www.FillinDocs.com**

**All (10's of 1,000's) U.S. Federal Forms already fillable, savable:
www.usa-federal-forms.com**

About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).