



GOBDF

GREATER OHIO
BLEEDING DISORDERS
FOUNDATION

Supporting Patients in 54 Ohio Counties

Travel Reimbursement Form

NOHF values our state and neighboring Chapter's programs. When participation is open to our members to attend regional trainings or educational meetings, members can be reimbursed for travel to those meetings up to \$250 per year. We will reimburse at a rate of .22 per mile per IRS guidelines. Reimbursement for non-chapter programs must be approved by GOBDF in advance.

Please reach out to Tanya Stewart with any questions: 216.834.0051 or tanya@gobdf.org.

Type of Assistance:

Medical Appointment

Dental Appointment

Chapter-Sponsored Program

Non-Chapter Program

By filling out this form, I am indicating that I am in need of financial assistance by way of travel reimbursement. I understand that I will be reimbursed .22 cents per mile from my home address to the appointment or program destination or will be reimbursed for a ride share/driver. You must be a current chapter consumer member to receive reimbursement.

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Signature

Patient Name:

Appointment/Program Date:

HTC/Physician Name or Program Title:

Starting Address:

Destination Address:

If requesting reimbursement without a receipt, I attest that the amount paid was: \$