



DATE \_\_\_\_\_

### REIMBURSEMENT CONSIDERATION FORM

**Office Use Only:**

Years: \_\_\_\_\_ Type: \_\_\_\_\_ Assoc. #: \_\_\_\_\_ Service: \_\_\_\_\_

1. Date of Service: \_\_\_\_\_ Time of Disablement: \_\_\_\_\_ AM or PM
2. Vehicle Type:  Passenger Car/Van  Recreational Vehicle/Conversion Van -- (Specify Gross Vehicle Weight) \_\_\_\_\_
3. Year of Vehicle \_\_\_\_\_ Make of Vehicle \_\_\_\_\_ Model of Vehicle \_\_\_\_\_  
Is vehicle Dual-wheel?  YES  NO
4. I was the  Driver  Passenger  Neither
5. Did you try to obtain AAA Service?  YES  NO...If so, what number did you call? \_\_\_\_\_
6. What were the results? \_\_\_\_\_
7. If you *did not* try to obtain AAA Service, Why? \_\_\_\_\_
8. Did you present your valid membership card at time of service?  YES  NO
9. Reason for disablement: \_\_\_\_\_

**\* IF ACCIDENT- MUST PROVIDE POLICE REPORT IF AVAILABLE\***

10. Facility that provided service: \_\_\_\_\_
11. Exact location of disablement: Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**SERVICE REQUESTED: (Check one as applicable)**

**TOWING:**

Destination (if Towed): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ # of miles towed \_\_\_\_\_

**EXTRICATION/WINCHING:**

Reason for Winching: \_\_\_\_\_ # of trucks used: \_\_\_\_\_ # of servicemen \_\_\_\_\_

**LOCKSMITH:**

Reason a locksmith was needed (check one)  Gain entry into vehicle  Keys locked in trunk  
 Key broken in ignition switch  Other \_\_\_\_\_

**FUEL DELIVERY**

Amount charged for delivery: \$ \_\_\_\_\_ Cost of Fuel: \$ \_\_\_\_\_ Price per Gallon: \$ \_\_\_\_\_

**OTHER SERVICES PROVIDED**

(Flat, Battery) \_\_\_\_\_

“ORIGINAL” bill (attached) in the amount of \$ \_\_\_\_\_

*Note: All Paperwork and documents become the sole property of AAA South Jersey.*

**IMPORTANT INFORMATION:**  
REIMBURSEMENT REQUESTS CANNOT BE PROCESSED without this form being completed in its entirety &/or without an ORIGINAL-receipt in the members name attached.  
Omissions/incomplete information may result in disqualification/refund denial.  
An original itemized receipt must be submitted within 60 days from date of service for refund consideration.  
Keep a copy for your records and allow up to 6 weeks for processing.

**MEMBER INFORMATION:**

Name: \_\_\_\_\_  **BASIC**  **PLUS**

Membership Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address \_\_\_\_\_

Signature \_\_\_\_\_

Please return to: AAA South Jersey, 700 Laurel Oak Rd., Voorhees, NJ 08043 Attn: ERS