



GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS
OFFICE OF VETERANS AFFAIRS



St. Croix:
Tel: (340) 773-8387
Fax: (340) 692-9563

St. Thomas:
Tel: (340) 774-8387
Fax: (340) 714-0589

Medical Travel Reimbursement

I _____ Last 4 of SSN _____ hereby request to be reimbursed in the amount of \$_____ from the Government of the Virgin Islands via the Virgin Islands Office of Veterans Affairs. This reimbursement is as a result of Virgin Islands state legislation Act No 6827 (Bill No. 26-0219) which entitles a Veteran to be reimbursed for travel expenses (airline) if they are referred to a VA Medical Facility by the VA physician at the Community Based Outpatient Clinic (CBOC) in their island district.

The receipt, boarding pass, and VA appointment are all attached to this document for processing.

Address where check should be mailed to:

Name

Address Line #1

Address Line #2

City, State, Zip Code

Telephone: _____

Date: _____