



**EMERGENCY TRAVEL EXPENSE CLAIM FORM**

Member Number \_\_\_\_\_ Exp. \_\_\_\_\_

Primary Member Name \_\_\_\_\_

Financial Institute/Store Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Date of Incident \_\_\_\_\_ Explanation of Incident \_\_\_\_\_

Total Trip Expenses \$ \_\_\_\_\_ Explanation of Expense \_\_\_\_\_

Coverage is limited Benefits, Limitations and Expectations (see rules) Car Rental, Commercial Transportation, Hotel

To Whom & Where to mail check:

**\*\*\* ALL RECIEPTS FOR EXPENSES MUST BE INCLUDED WITH CLAIM FORM**

\_\_\_\_\_ Car Rental or Commercial Transportation – Itemized, date and location

\_\_\_\_\_ Guest Receipts for lodging - Itemized, date and location

**INCIDENT INFORMATION:**

Location \_\_\_\_\_ Distance from home \_\_\_\_\_

En route from \_\_\_\_\_ on the way to \_\_\_\_\_

Date of arrival at home or destination \_\_\_\_\_ Year Make & Model of Vehicle \_\_\_\_\_

**MAIL TO: PTS DIRECT BENEFITS  
113 N. PARK AVE  
CALHOUN, GA 30701**

**QUESTIONS: 706-602-0597**

I understand that only EMERGENCY EXPENSES that are listed in the Benefits, Limitations and Expectations of Membership are covered in my Direct Benefits Membership. Emergency Expenses will be reimbursable based on the receipts and explanation presented. The total amount available to a member is up to \$300.00. Benefits claimed are only for PTS Auto Club who are driving or riding in the automobile at the time of the incident.

Members Signature \_\_\_\_\_ Date \_\_\_\_\_