



**SOUTH DAKOTA
REQUEST FOR REIMBURSEMENT**

Dear Member:

To help us handle your Request for Reimbursement, please complete this form and return it with the paid receipt (**not photocopy**).

Please answer all of the questions and give us as complete and accurate information as you have available. We are particularly interested to know if there was an AAA Authorized Service Station nearby and if so, why you did not use that service.

Date _____

Membership Number (including club code) _____ Expiration Date _____

Member's Name _____ Day Phone # _____

Mailing Address _____

City _____ State _____ Zip Code _____

Service Information:

Date of Service _____ Hour _____ AM__ PM__

Vehicle Make _____ Year _____ If Truck, Is It Under 1 Ton? _____

What city and state were you in when the vehicle broke down? _____

What kind of service did you receive?

- Tow, if so how far? _____
- Jump Start
- Unlock
- Tire Change
- Fuel Delivery
- Winch
- Other _____

Did you call 1-800-AAA HELP for service?

- If no, please explain? _____

- If yes, please explain why AAA service was not used? _____

E-110 (4/07)

FOR OFFICE USE	
Date received _____	Basic _____ Plus _____
Approved by _____	Total Reimbursement \$ _____

Mail Claim Form, Original Proof Receipts to:
AAA South Dakota
1300 Industrial Ave.
Sioux Falls, SD 57104