



**COUNTY OF UVALDE**  
**VETERAN'S SERVICE OFFICER**

**Veterans**  
**Transportation Cost Reimbursement Form**

<b>Name of Veteran and phone number:</b>
<b>Mailing Address:</b>
<b>City, State, Zip code:</b>
<b>Name and location of medical facility:</b>

**Comments:**

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Physicians or office signature

appointment date

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Reviewed By:

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Veterans Service Officer  
216 W. Main St.  
Uvalde, Texas 78801  
830-278-4491 Office  
830-591-3776 Cell

\$30.00 PO#

Reimbursement amount