



# AAA Western and Central New York Road Service Reimbursement Request

**\*\*Reimbursement requests must be submitted within 60 days of service\*\***

Member Name: \_\_\_\_\_ Membership Number: **620 084** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone Number ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Mechanical Failure: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ : \_\_\_\_  AM  PM

Exact Location of Breakdown: \_\_\_\_\_

*(Please be specific. Indicate highway number, road name, street address if known)*

Did you call (check one):

AAA Office  Supernumber 1-800-AAA-HELP  AAA Station  Non-AAA Station

Was a valid AAA membership card presented at time of service?  Yes  No

Vehicle Serviced: Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

If Non-AAA emergency road service was utilized, please explain why: \_\_\_\_\_

Service provided:

Tow  Start  Tire  Lockout  Gas  Winch  Other, please explain: \_\_\_\_\_

If towed, where?: \_\_\_\_\_

Miles Towed: \_\_\_\_\_ Garage providing service: \_\_\_\_\_

Amount paid for towing or road service: \$ \_\_\_\_\_ **(A copy of your original paid itemized receipt must be attached)**

Remarks: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Submit this completed form along with a copy of your original paid itemized receipt:**

**BY MAIL:** AAA Western and Central New York  
ERS Records Dept.  
100 International Drive  
Amherst, NY 14221

**OR BY EMAIL:** [ersrecords@nyaaa.com](mailto:ersrecords@nyaaa.com)

Incomplete documents  
will delay processing