



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: ____ / ____ / ____

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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

Incomplete documents
will delay processing