



Membership Claim Form

Vehicle Repair Rental

Executive Offices
PO Box 54799
Oklahoma City, OK 73154
800/654-9208
405/848-1711

Member Name _____

Address, City, State, Zip _____

Member # _____ Phone (____) _____ Date of claimed Expense _____

Email Address _____

CLAIMS SUBMISSION Information

Claims must be sent to the club within one year of the date on which a membership service has been rendered to the member by a service provider. It must include a properly completed claim form detailing the nature of the service, and must be accompanied by the **original** itemized receipt for the service performed by an identifiable service facility.

VEHICLE REPAIR RENTAL

Service Facility Used

Company Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Vehicle Repaired


Year/Make/Model _____

Vehicle Owned by _____

Date of Service _____ Date Completed _____

Reason held overnight _____

Enclose the original repair invoice and car rental statement

 **DID YOUEnclose the original repair invoice and car rental statement?**

I hereby certify that the information provided is, to the best of my knowledge, both complete and accurate.

I agree that Travelers Motor Club, Inc. may make use of materials and related items as to its handling of my claim for promotional purposes. YES NO

Signature _____ Date _____