



**DEPARTMENT OF VETERANS AFFAIRS  
REQUEST FOR REDUCED RATE TRANSPORTATION**

ISSUING VA INSTALLATION		DATE OF ISSUE	
LAST - FIRST - MIDDLE NAME OF VETERAN OR ATTENDANT		NAME AND LOCATION OF HOSPITAL	
FROM		TO	
<p>TO TICKET AGENT - The bearer is a beneficiary of the Department of Veterans Affairs. He is entitled to any concessions in fares which your line grants to VA patients or members. He will pay cash for transportation from personal funds. The Department of Veterans Affairs will not be responsible for the cost of this transportation.</p> <p>Do not honor this request if not completely filled out when presented to you, if it show erasure or alteration, or if not presented within 90 days from issue date.</p> <p>The bearer will show a letter or card of identification sustaining the "Reason for Issue" checked.</p>		<b>REASON FOR ISSUE</b> <i>(Check one)</i>	
		AUTHORIZED ABSENCE	
		APPROVED FOR ADMISSION	
		DISCHARGED	
		ATTENDANT TO BLIND, PARAPLEGIC, OR INCOMPETENT VETERAN	
		RETURN TRIP OF ATTENDANT TO VETERAN	
SIGNATURE OF VETERAN OR ATTENDANT		SIGNATURE AND TITLE OF DIRECTOR OR DESIGNATE	

VA FORM  
FEB 1990(R) **3068**

**NOT TRANSFERABLE**