



SOUTH DAKOTA REQUEST FOR REIMBURSEMENT

Dear Member:

To help us handle your Request for Reimbursement, please complete this form and return it with the paid receipt (**not photocopy**).

Please answer all of the questions and give us as complete and accurate information as you have available.

Date _____

Membership Number (including club code) _____ Expiration Date _____

Member's Name _____ Day Phone # _____

Mailing Address _____

City _____ State _____ Zip Code _____

Member's email address _____

Service Information:

Date of Service _____ Hour _____ AM ___ PM ___

Vehicle Make _____ Year _____ If Truck, Is It Under 1 Ton? _____

What city and state were you in when the vehicle broke down? _____

Were you driving or a passenger in the vehicle when it broke down? _____

What kind of service did you receive?

- ☐ Tow, if so how far? _____
- ☐ Jump Start
- ☐ Unlock
- ☐ Tire Change
- ☐ Fuel Delivery
- ☐ Winch
- ☐ Other _____

Did you call 1-800-AAA HELP for service?

- ☐ If no, please explain? _____

- ☐ If yes, please explain why AAA service was not used? _____

E-110 (4/07)

FOR OFFICE USE

Date received _____

Basic _____
Plus _____

Mail Claim Form, Original Proof Receipts to:
AAA South Dakota
1300 Industrial Ave.
Sioux Falls, SD 57104