

**UVA Medical Alumni Association Medical School Foundation**  
1111 West Main Street, Charlottesville, VA 22903 (P.O. Box 800776 Zip 22908)

## Student Safe Travel Reimbursement

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Total  
Reimbursement Due:

Date	Travel Destination	Ground Transportation (Taxi)	Receipt Attached	Total

For reimbursement of transportation costs from home to the Medical Center prior to the first run of the UTS inner loop at 7:30 a.m.

Students can call Yellow Cab at 434-295-4131.

Receipts required.

Signed: \_\_\_\_\_

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_

\_\_\_\_\_  
Date