

**Harry S. Truman Memorial Veteran's Hospital Annual Certification for
Beneficiary Travel Expenses Voucher**

I, _____ state that my address is correct on the attached VA Form 70-3542d. **I also understand and agree that if I move during the year, I must provide proof of address and notify the registration/travel office** and a new form must be signed and completed before collecting travel to the new address.

I understand and agree that if I do not live at the attached address or if I collect to another address without notifying the Harry S Truman VA, that it will be considered an improper payment, recovery of such expenses will be occur, and that I could be subject to prosecution under applicable laws.

I also agree that I have neither obtained transportation at Government expense nor through the use of Government request, tickets, or tokens; and have not used any Government-owned conveyance or incurred any expense which may be presented as charges against the Department of Veterans Affairs for transportation, meals or lodging in connection with my authorized travel that is not herein claimed.

I also agree that I have or will incur a cost in traveling to my VA or VA funded appointment, and that I have not carpooled with other Veterans.

I also understand and agree that my travel pay will be by direct deposit to the account I specify and I will receive cash payment only when a unique hardship exists.

Printed Name

Last Four SSN

Signed

Date