



**DEPARTMENT OF VETERANS AFFAIRS**  
**Cheyenne VA Medical Center**  
**2360 East Pershing Boulevard**  
**Cheyenne, WY 82001**

RE: Verification of Community Care Appointment

Dear Veteran,

The VA requires verification of completing your Community Care appointment to process the travel reimbursement claim. Therefore, please have the treating facility/physician complete the information below. Veteran will submit this memorandum to the Beneficiary Travel Department or BTSSS for travel reimbursement.

**Veterans Name:** \_\_\_\_\_ **Last Four SSN** \_\_\_\_\_

**Appt Date:** \_\_\_\_\_

**Appt Location/Address:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_

**Specialty Service(s):** \_\_\_\_\_

**Office personnel Name Print:** \_\_\_\_\_

**Office personnel Signature:** \_\_\_\_\_

If you have any questions, please contact the Beneficiary Travel Department at (307) 778-7550, Ext 7552.

Sincerely,

Beneficiary Travel Department  
Cheyenne VAMC  
2360 E. Pershing Blvd.  
Cheyenne, WY 82001