

# VA Puget Sound Health Care System

## Beneficiary Travel Self Service System



<https://eauth.va.gov/accessva/>

Must file travel claims within 30 days

### 1. Getting Started

To get started go to:  
<https://eauth.va.gov/accessva/> or use the QR code above. Works best on Google Chrome.

### 2. Choose Your Category

Click your category to see available applications you can sign in with:

- I am a Veteran
- I am a Family Member
- I am a Service Member

### 3. Click "Veteran Travel Claim Entry"

Veteran Travel Claim Entry

### 4. Click "Access VA"

Access VA

### 5. Login Choices

	Sign in with DS Logon		Sign in with VA PIV Card
	Sign in with ID.me		Sign in with LOGIN.GOV
	Sign in with My HealthVet		

### 6. "My Dashboard"

Proceed to My Dashboard

VA U.S. Department of Veterans Affairs Beneficiary Travel Self Service System

Dashboard Claims Appointments Deductible Help Center

### 7. Create Claim

+ Create New Claim

Choose an Appointment  
Select one of your appointments from the table below to create a new claim.

City	State	Actions
		Select

### 8. Ensure Your Address is Correct & Click "Continue"

<< Back Continue >>

### 9. Select Facility Responsible for Payment

Facility Responsible for Payment (\*Required)

SEATTLE VA MEDICAL CENTER

### 10. Add Expenses

Select an expense type

Select Expense

- Select Expense
- Air Travel Expense
- Common Carrier Expense
- Lodging Expense
- Meal Expense
- Mileage Expense
- Parking Expense
- Toll Expense
- Other Expense

Add Selected Expense

# Beneficiary Travel Self Service System

## Veterans Travel Reimbursement Process - for travel eligible Veterans

### 11. Verify Information

You will be asked to verify the date of the appointment, your starting address (home address), the destination address (facility's address) and the trip type. Click "Continue" once all the information is correct.

**Step 1 of 2: Verify Addresses**

View Appointment Details ▾

Date (\*Required)

Month: July ▾ Day: 6 ▾ Year: 2023

Trip Type (\*Required)

What are the policies for trip types? ▾

Round Trip ▾

Cancel Continue >>

### 12. Confirm Mileage and Reimbursement Amount

Review the information and make sure it is correct. Here you can challenge the mileage if your mileage is different than the one that is automatically calculated. Once all the information is correct, click "Save".

**Step 2 of 2: Confirm Mileage and Reimbursement Amount**

View Appointment Details ▾

Date: 07/06/2023

Trip Description:

Trip Type: Round Trip

Starting Address: 9600 Veterans Dr SW  
Tacoma, WA, 98493

Destination Address: 1660 S Columbian Way  
Seattle, WA, 98108

**Mileage/Reimbursement**

Approved Mileage: 80.26

Reimbursement Amount: \$33.31

How were these numbers calculated? ▾

Would you like to challenge the calculated mileage?

Yes

No

<< Back Save

### 13. Read/Accept the Agreement Notice and Submit Your Travel Reimbursement

Once you have read the Agreement Notice, click the box next to the "I agree to the terms in the above paragraph" statement and click "Submit" to finish your mileage reimbursement claim.

Please read and accept the agreement notice below.

**Penalty Statement:** There are severe criminal and civil penalties including fine or imprisonment, or both for knowingly submitting a false, fictitious, or fraudulent claim.

**Please review and certify the statements are true:**

- I have incurred a cost in relation to the travel claimed.
- 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 expenses which may be presented as charges against the Department of Veterans Affairs for transportation, meals, or lodgings in connection with my authorized travel that is not herein claimed.
- I have not received other transportation resources at no-cost to me.
- I am the only person claiming for the travel listed.
- I have not previously received payment for the transportation claimed.

By clicking the checkbox below I certify the above is true and the information provided for this claim is correct and factual.

I agree to the terms in the above paragraph.\*Required

[Save and finish this claim later.](#)

<< Back Submit