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MEDICAL MILEAGE EXPENSE FORM

You are entitled to reimbursement of medical travel expense
Incurred because of your industrial injury at the rate of $0.36 per mile.
Reasonable travel to the pharmacy is a reimbursement expense.
Complete appropriate boxes below, sign and date form and send
TWO copies to the above address. Keep **ONE** copy for your records.

DATE	TREAVELED FROM	TRAVELED TO (include name and address of doctor hospital, therapist, etc.)	ROUND TRIP MILEAGE	PARKING (include receipts)	BRIDGE TOLLS (include receipts)	PUBLIC/ TRANS/OTHER (include receipts)
		Total Miles			→	
			Total Parking		→	$
				Total Bridge Tolls	$	$
					Total Public Trans	$
					REIMBURSE INJURED	$

This is a true and accurate account of my expenses. I am aware that it is a felony for any person to knowingly misrepresent any fact in order to obtain workers' compensation benefits.

SIGNATURE_____
Injured's Name

DATE _____

ADJUSTER'S NAME / DATE