

Name: _____

Date of Injury: _____

Social Security No.: _____

Insurer Claim No.: _____

MILEAGE & PARKING REIMBURSEMENT

	Date of Trip	Doctor/Pharmacy Name	Doctor/Pharmacy Address	R/T Mileage	Parking Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

_____ total miles x 28¢ =	\$
_____ total miles x 40¢ =	\$

GRAND TOTAL MILEAGE & PARKING **\$**

ANY PERSON WHO, KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY EMPLOYER OR EMPLOYEE, INSURANCE COMPANY, OR SELF-INSURED PROGRAM, FILES A STATEMENT OF CLAIM CONTAINING ANY FALSE OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

DATE

SIGNATURE

PLEASE ATTACH ALL ORIGINAL PARKING RECEIPTS!