

MILEAGE LOG

Claimant Name \_\_\_\_\_  
 Claim # \_\_\_\_\_  
 Date of injury \_\_\_\_\_

Trip date	From address*	To address	Round Trip Mileage	Parking, Public Transportation
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
		<b>Total parking/public transportation reimbursement requested</b>		\$
		<b>Total mileage reimbursement requested</b>		

**Mileage must be submitted within 120 days from the date the commute occurred.**

**Reimbursement is based on round trips to and from your place of employment** (i.e. reimbursement is not accepted from home to appointments or from appointments to home if you worked that day). Mileage is reimbursed for authorized visits with the Designated Medical Provider, therapy services, specialists (to include surgery), diagnostic exams, and the pharmacy. If taking public transportation, you may not claim mileage.

\*If you are working from home or are not scheduled to work on the date of your appointment, you may request reimbursement to and from your home. Please be sure to update your adjuster of any changes to your work location.

**I verify that the above record is accurate. Please send mileage reimbursements to the following address:**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone # \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you need additional Mileage Logs?