



Date

|                |              |
|----------------|--------------|
|                |              |
| Date of Injury | Claim Number |
| Claimant       |              |
| Employer       |              |

### CLAIM FOR TRANSPORTATION, MEALS AND/OR LODGING EXPENSES

Please complete the form below for reimbursement of travel related expenses as outlined by the rules and regulations of state. **NOTE: Reimbursement is dependent on the laws governing each state.**

| Date<br>(month/day/year) | From<br>(starting location) | To<br>(destination) | Mileage<br>(round trip) | Meals/Lodging<br>(per day) |
|--------------------------|-----------------------------|---------------------|-------------------------|----------------------------|
|                          |                             |                     |                         | \$                         |
|                          |                             |                     |                         | \$                         |
|                          |                             |                     |                         | \$                         |
|                          |                             |                     |                         | \$                         |
|                          |                             |                     |                         | \$                         |
|                          |                             |                     |                         | \$                         |

Total of claimed expenses:

|                         |   |
|-------------------------|---|
| Total Meal Allowance    | \$  |
| Total Lodging Allowance | \$  |
| Total Mileage           | _____ x rate = _____<br>(# of miles) (rate) |
|                         |   |
| Total amount due        | \$  |

|           |      |
|-----------|------|
|           |      |
| Signature | Date |