Date _____

Employee Name: _____
Company Name: _____
Company Address: _____

Claim #: _____ Date of Incident: _____

Code of Alabama, 1975, Section 25-5-77 (f) requires the employer to pay mileage costs to and from medical and rehabilitation providers at the same rate as provided by law for official state travel. All mileage is subject to verification. Claims for mileage to a provider that is between the employee's work location and normal residence is not eligible for payment while the employee is working. The employee has one year from the date of incurred expense to file a claim for reimbursement. Please complete and submit this form in order to receive reimbursement.

MILEAGE REIMBURSEMENT REQUEST FORM

Employee's Name: _____
Mailing Address: _____

Round Trip Mileage To and From Work: _____

Date of Visit	**Destination** *(Medical Provider)*	**Beginning Point** *("Home" or "Work")*	**Ending Point** *("Home" or "Work")*	**Total Round Trip Miles**

I certify the above request for mileage reimbursement to be true and correct.

Signature: _____