

# Request for Reimbursement of Expenses

Complete this form, including your workers' compensation claim number, and send it to the insurer that processes your claim. Include copies of receipts for all items except private vehicle mileage. Incomplete requests will be returned for additional information. Reimbursement must be requested within two years from date of service.

Name \_\_\_\_\_

Claim number \_\_\_\_\_

Mailing address \_\_\_\_\_ Apt. # \_\_\_\_\_

This is a new address

( ) -  
City State ZIP Phone

P.O. Box City State ZIP

TRANSPORTATION					
Start location	End location	Doctor or hospital	Trip miles	Date	
<b>0.00</b>					<b>TOTAL miles</b>

MEALS									
Date	Breakfast	City	Date	Lunch	City	Date	Dinner	City	
	\$			\$			\$		
	\$			\$			\$		
	\$			\$			\$		
<b>\$0.00</b>									<b>TOTAL meals reimbursement</b>

LODGING				
Hotel/motel name	Location	Date	Cost	
			\$	
			\$	
			\$	
<b>\$0.00</b>				<b>TOTAL lodging reimbursement</b>

PRESCRIPTIONS			
Name of medication	Doctor	Date	Cost
			\$
			\$
			\$
			\$
<b>\$0.00</b>			<b>TOTAL prescription reimbursement</b>

By my signature, I certify that all information I have given in this request for reimbursement is true and contains no false statements or misrepresentations.

Signature of worker \_\_\_\_\_

Date \_\_\_\_\_

**0.00**  
**TOTAL miles**

**\$0.00**  
**TOTAL meals, lodging, and prescription reimbursement**

**Standard rates for the continental United States:**

<b>Lodging and meal rates effective Oct. 1, 2009</b>	<b>ALL private vehicle mileage effective Jan. 1, 2010 50.0 cents per mile</b>
Breakfast \$11.50	Previous mileage rates: 01/01/09 – 55.0 cents per mile 08/01/08 – 58.5 cents per mile 03/19/08 – 50.5 cents per mile 02/01/07 – 48.5 cents per mile
Lunch \$11.50	
Dinner \$23.00	
Lodging \$70.00	
<b>Room tax is reimbursable in addition to the lodging allowance.</b>	

**Lodging and meal rates exceed the standard rate in the following Oregon locations:**

<b>County</b>	<b>Effective dates</b>	<b>Max. lodging rate</b>	<b>Meal rate*</b>
Clackamas	All year	\$91	\$61
Clatsop	10/1 – 6/30	\$92	\$51
	7/1 – 8/31	\$132	\$51
	9/1 – 9/30	\$92	\$51
Deschutes	10/1 – 6/30	\$93	\$61
	7/1 – 8/31	\$120	\$61
	9/1 – 9/30	\$93	\$61
Jackson/Klamath	All year	\$88	\$56
Lane	All year	\$103	\$51
Lincoln	10/1 – 6/30	\$87	\$56
	7/1 – 8/31	\$110	\$56
	9/1 – 9/30	\$87	\$56
Multnomah	All year	\$120	\$66
Washington	All year	\$96	\$51
<b>*For meals, the following percentages must be used: breakfast -- 25%; lunch -- 25%; dinner -- 50%</b>			

Rates obtained from Bulletin 112. See bulletin for more information.