

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 |
|--------------------|--------------|--------------------|------------|------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| TOTAL miles | | | | |

MEALS

| Date | Breakfast | City | Date | Lunch | City | Date | Dinner | City |
|----------------------------------|-----------|------|------|-------|------|------|--------|------|
| | \$ | | | \$ | | | \$ | |
| | \$ | | | \$ | | | \$ | |
| | \$ | | | \$ | | | \$ | |
| TOTAL meals reimbursement | | | | | | | | \$ |

LODGING

| Hotel/motel name | Location | Date | Cost |
|------------------------------------|----------|------|------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| TOTAL lodging reimbursement | | | \$ |

PRESCRIPTIONS

| Name of medication | Doctor | Date | Cost |
|---|--------|------|------|
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| TOTAL prescription reimbursement | | | \$ |

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 _____

| |
|--------------------|
| |
| TOTAL miles |

| |
|---|
| \$ |
| TOTAL meals, lodging, and prescription reimbursement |

Standard rates for the continental United States:

| | | |
|---|---------|---|
| Lodging and meal rates effective Oct. 1, 2011 | | ALL private vehicle mileage effective April 17, 2012 55.5 cents per mile |
| Breakfast | \$11.50 | Previous mileage rates: 01/01/11 – 51.0 cents per mile 01/01/10 – 50.0 cents per mile 01/01/09 – 55.0 cents per mile 08/01/08 – 58.5 cents per mile |
| Lunch | \$11.50 | |
| Dinner | \$23.00 | |
| Lodging | \$77.00 | |
| Room tax is reimbursable in addition to the lodging allowance. | | |

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

| County | Effective dates | Max. lodging rate | Meal rate* |
|--|------------------------|--------------------------|-------------------|
| Clackamas | All year | \$88 | \$61 |
| Clatsop | 10/1 – 6/30 | \$96 | \$51 |
| | 7/1 – 8/31 | \$131 | \$51 |
| | 9/1 – 9/30 | \$96 | \$51 |
| Deschutes | 10/1 – 6/30 | \$89 | \$61 |
| | 7/1 – 8/31 | \$114 | \$61 |
| | 9/1 – 9/30 | \$89 | \$61 |
| Jackson/Klamath | All year | \$82 | \$56 |
| Lane | All year | \$97 | \$51 |
| Lincoln | 10/1 – 6/30 | \$84 | \$56 |
| | 7/1 – 8/31 | \$105 | \$56 |
| | 9/1 – 9/30 | \$84 | \$56 |
| Multnomah | All year | \$113 | \$66 |
| Washington | All year | \$93 | \$51 |
| *For meals, the following percentages must be used: breakfast -- 25%; lunch -- 25%; dinner -- 50% | | | |

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