

Law Offices of Bruce H. Carraway, III, 501 Pulliam St. SW, Suite 519, Atlanta, GA 30312

MILEAGE REIMBURSEMENT REQUEST

EMPLOYEE: _____

LAST 4 OF SOCIAL SECURITY #: _____

EMPLOYER: _____

DATE OF ACCIDENT: _____

TOTAL MILES TRAVELED: _____

TOTAL PARKING: \$ _____

DATE	DOCTOR/FACILITY and address	PURPOSE	MILES	PARKING (receipts attached)	Transport Charge

I certify that the above information is true and correct to the best of my knowledge, and that I have not previously been reimbursed for any of the above trips to this date.

*In order to be reimbursed for parking, receipts must be attached
 *Mileage reimbursement is only valid for one year from the date of the appointment
 *You can be reimbursed for mileage to and from medical visits, the pharmacy, and physical therapy.

 Claimant's Signature

 Date