

State Accident Fund Mileage Reimbursement Form

MILEAGE RECORD FOR:		SSN#:	
ADDRESS:		DATE OF ACCIDENT:	
EMPLOYER:			

Mileage is paid for more than ten miles round trip only.

***Mileage will not be paid for travel to the drug store.**

RATE #

RATES FOR REIMBURSEMENTS:

1

1-01-01 thru 06-30-06 = .345

2

7-01-06 thru present = .445

Instructions: Enter Date of Trip, correct Rate #, Destination, and # of Miles Round Trip.
Rate & Totals will be calculated automatically

[illegible]