



Transportation Reimbursement Worksheet

Name: _____

Address: _____

Purpose of trip _____
 (Please attach documentation indicating type of medical treatment or care.)

Destination:
 Hospital or Clinic/City: _____

Hotel/Motel (if traveling 250 miles or more one-way) _____
 (Please attach itemized documentation indicating location and date of lodging.)

Was travel by air? _____
 (Please attach documentation in form of boarding pass or itinerary indicating destination.)

Reimbursement for travel costs will be paid based upon internet map mileage delineation from the start and end point for the travel. Airline transportation costs will be made using the same internet map mileage delineation. The rate of reimbursement shall be 30¢ per mile each way.

Reimbursement for lodging will be reimbursed at a rate of up to one-hundred dollars (\$100) per night for a maximum of two nights for travel of more than 250 miles one-way.

No reimbursement will be paid for food and drink, alcoholic beverages, entertainment, parking or tobacco products.

For Office Use:

Trip 1

Trip 2

_____ miles @ \$.30= _____

_____ miles @ \$.30= _____

_____ nights @ \$100= _____

_____ nights @ \$100= _____

Total: _____ **Check#** _____ **Date Mailed:** _____ **Approved:** _____