



# FERRIS STATE UNIVERSITY

HUMAN RESOURCES

## Workers' Compensation Mileage/Travel Reimbursement Form

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

**Non-reimbursable items include:**

- Mileage to retail stores/pharmacies
- Unverified mileage
- Tolls & parking without receipts

PLEASE LIST EACH TRIP AS IT IS TAKEN, EACH ON A SEPARATE LINE.

SUBMIT MILEAGE FORMS AT LEAST EVERY 30 DAYS FOR REIMBURSEMENT.

DATE	DOCTOR, HOSPITAL, OR MEDICAL FACILITY	Address, City & Zip <i>(Will not be reimbursed without complete address)</i>	ROUND TRIP MILES	For Provider Use Only (doctor, therapist, etc.)  Please sign & date below

Please Sign \_\_\_\_\_ Total Miles \_\_\_\_\_

**Please Return Completed Form to:** Ferris State University  
Human Resources  
420 Oak St., PRK 150  
Big Rapids, MI 49307

Please use this format when requesting travel expense reimbursement. Your cooperation will help us process your reimbursement more quickly. Remember, your provider must date and sign each visit.

Please allow 30 days for processing of your Travel Reimbursement request and a few extra days for mailing.

420 Oak Street  
Prakken 150  
Big Rapids, MI 49307-2020

Phone: (231) 591-2150  
Fax: (231) 591-2978  
Web: www.ferris.edu