FERRIS STATE UNIVERSITY

SAFETY, HEALTH, ENVIRONMENTAL AND RISK MANAGEMENT

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 (Will not be reimbursed without complete address)	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
SHERM
420 Oak St., PRK 153
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 153
Big Rapids, MI 49307-2020

Phone: (231) 591-3848
Fax: (231) 591-2978
Web: www.ferris.edu