



Jurisdiction Claim Number (JCN)

Claim Administrator Number

Injured Worker Information

Name		Date of Injury/Occupational Disease	
Address		City	State Zip Code

Mileage Log

Date	Miles Traveled	Address From/Address To
Purpose of Travel		From: _____ To: _____
Date	Miles Traveled	From: _____
Purpose of Travel		To: _____
Date	Miles Traveled	From: _____
Purpose of Travel		To: _____
Date	Miles Traveled	From: _____
Purpose of Travel		To: _____
Date	Miles Traveled	From: _____
Purpose of Travel		To: _____

Do you have additional transportation/travel expenses? (*attach receipts*) Yes No

Claims for transportation/travel expenses must include medical documentation.
Have you included medical documentation proof for each visit? (*attach documentation*) Yes No

Signature

I hereby certify that the above information is true and that the reimbursement requested is for travel made by me for the treatment of my accepted condition.

SIGNATURE

DATE



Transportation/Travel Expenses

The claim administrator is responsible for reasonable and necessary transportation costs in connection with medical treatment.

If you are seeking transportation/travel reimbursement*, please complete the Transportation/Travel Expense Form and file directly with the claim administrator. If the claim administrator disputes reimbursement, you may complete a Claim Form, attaching the completed Transportation/Travel Expense Form, receipts, and medical documentation to support the expenses incurred, and return to the Commission. Examples of medical documentation include, but are not limited to treatment records and/or billing statements that include dates of service. A hearing may be necessary to resolve disputed issues.

For questions or assistance with completing this form, please contact the Virginia Workers' Compensation Commission toll-free at 1-877-664-2566.

*Mileage Reimbursement Rate

Updates to the mileage reimbursement rate can be viewed on the Commission's website at www.workcomp.virginia.gov/content/rates-min-max-benefits-cola-mileage.