

**ITEMIZED STATEMENT OF CHARGES FOR TRAVEL**

IC File # \_\_\_\_\_  
 Emp. Code # \_\_\_\_\_  
 Carrier Code # \_\_\_\_\_  
 Carrier File # \_\_\_\_\_  
 Employer FEIN \_\_\_\_\_

**The Use Of This Form Is Required Under The Provisions of The Workers' Compensation Act**

Employee's Name _____			Employer's Name _____			Telephone Number _____			
Address _____			Employer's Address _____			City _____	State _____	Zip _____	
City _____		State _____		Zip _____		Insurance Carrier _____		Policy Number _____	
Home Telephone _____			Work Telephone _____			Carrier's Address _____			
						City _____	State _____	Zip _____	
Social Security Number _____			<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth _____			Carrier's Telephone Number _____		Fax Number _____
			Sex _____						

Employees are entitled be reimbursed for mileage for medical treatment in workers' compensation cases at the rate of \$.31 a mile providing they travel 20 miles or more round trip. Special consideration will be given to employees who are totally disabled. No reimbursement is allowed for trips to purchase drugs or supplies unless medically necessary. These items must be purchased on visits to medical providers (G.S. § 07-25)

DATE	NAME OF MEDICAL PROVIDER	CITY	TOTAL MILES ROUNDTRIP
OTHER EXPENSES	If overnight stay is necessary, the following items will be approved as rendered (Receipts must be furnished for carrier's file)	Total motel expense	
		Total meal expense:	
		Total parking & cab expense	
		Total for other expenses:	
		Total Miles	
		X \$0.31	
		Other expenses	
		Total all expenses	

I hereby certify that I have incurred all expenses listed above as a result of my workers' compensation injury.

\_\_\_\_\_  
**Employee signature**

\_\_\_\_\_  
**Carrier's approval**

**Employee:**  
 Mail your bill in duplicate promptly to employer and/or insurance carrier

Employer or Carrier/Administrator: Travel may be reimbursed directly to the employee. It is not necessary to submit bills to the Commission for approval. Pay and retain copy in carrier's file.