



Date of Injury _____	Claim Number _____
Claimant _____	
Employer _____	

ITEMIZED CLAIM FOR TRANSPORTATION AND LIVING EXPENSES

Please see the instruction sheet for complete information regarding when travel expenses are payable.

Mileage – When traveling by personal vehicle, the reimbursement rate is \$.445 per mile, round trip, using the most direct route.

Lodging – Is allowable if travel required an overnight stay and is pre-approved by your claims adjuster. Reference the Instruction form for lodging reimbursement rates.

Meals – Reimbursement for the actual cost of meals is made when traveling more than 25 miles one way for treatment. The schedule below indicates payable meal periods. Reference the Instruction form for maximum meal reimbursement amounts.

****Rates may vary for counties outside of Maricopa County****

Meal Periods & Allowances

Breakfast: \$ _____ max
 Payable if travel begins before 6 am.

Lunch: \$ _____ max
 Payable if trip begins at or before 11 am and continues past 2 pm **and** lasts 6 hours or more.

Dinner: \$ _____ max
 Payable if trip ends after 8 pm.

TRIP 1

Date and hour you left home				Appointment				Date and hour you returned home				<input type="checkbox"/> Auto <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Other		
Month	Day	Year	Hour	Month	Day	Year	Hour	Month	Day	Year	Hour			
Purpose of travel and destination:								# of Miles	Itemized amount of each meal, amount of lodging:					Fare of bus, taxi, other
Breakfast					Lunch		Dinner		Total	Lodging	\$			
\$					\$		\$		\$	\$	\$			

TRIP 2

Date and hour you left home				Appointment				Date and hour you returned home				<input type="checkbox"/> Auto <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Other		
Month	Day	Year	Hour	Month	Day	Year	Hour	Month	Day	Year	Hour			
Purpose of travel and destination:								# of Miles	Itemized amount of each meal, amount of lodging:					Fare of bus, taxi, other
Breakfast					Lunch		Dinner		Total	Lodging	\$			
\$					\$		\$		\$	\$	\$			

TRIP 3

Date and hour you left home				Appointment				Date and hour you returned home				<input type="checkbox"/> Auto <input type="checkbox"/> Bus <input type="checkbox"/> Taxi <input type="checkbox"/> Other		
Month	Day	Year	Hour	Month	Day	Year	Hour	Month	Day	Year	Hour			
Purpose of travel and destination:								# of Miles	Itemized amount of each meal, amount of lodging:					Fare of bus, taxi, other
Breakfast					Lunch		Dinner		Total	Lodging	\$			
\$					\$		\$		\$	\$	\$			

RECAP OF CLAIMED EXPENSES SHOWN ABOVE

Total meal allowance	\$	I certify that all of my statements on this form are true, accurate and complete with full knowledge that it is a crime to make willful, false statements.
Total lodging allowance	\$	
Total fares	\$	Signature of claimant: _____ Date signed: _____
Total mileage x .445	\$	
Total amount claimed	\$	Phone: _____