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3030 N 3rd Street | Phoenix AZ | 85012-3068

copperpoint.com

Date

Date of Injury	Claim Number	
Claimant		
Employer		

## **CLAIM FOR TRANSPORTATION, MEALS AND/OR LODGING EXPENSES**

Please complete the form below for reimbursement of travel related expenses as outlined by the rules and regulations of state. **NOTE: Reimbursement is dependent on the laws governing each state.** 

Date (month/day/year)	From (starting location)	To (destination)	Mileage (round trip)	Meals/Lodging (per day)
				\$
				\$
				\$
				\$
				\$
				\$

Total of claimed expenses:

Total Meal Allowance	\$
Total Lodging Allowance	\$
Total Mileage	x rate = (# of miles) (rate)
Total amount due	\$

Signature	Date