MEDICAL REIMBURSEMENT PROGRAM MILEAGE WORKSHEET

Claim filing instructions:

1. Please print legibly and complete all sections on this form.
2. Please attach a signed and dated Medical Reimbursement Claim form along with applicable explanation of benefits (EOB’s) for the corresponding dates of service.
3. As of July 1, 2022, the standard mileage rate allowed for operating expenses for a car, when you use it for medical reasons is .22 cents per mile. **Proof of mileage must be attached** (ex. printed directions from start to end reflecting total miles traveled).
   The IRS allowable travel expenses are for the following:
   a. Amount paid for transportation primarily for, and essential to, medical care which includes bus, taxi, train or plane fares or ambulance service;
   b. Transportation expenses of a parent who must go with a child who needs medical care;
   c. Transportation expenses of a nurse or other person who can give injections, medications, or other treatment required by a patient who is traveling to get medical care and is unable to travel alone; and
   d. Transportation expenses for regular visits to see a mentally ill dependent, if these visits are recommended as part of treatment.

<table>
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<tr>
<th>Date of Service</th>
<th>Provider Name &amp; Address</th>
<th>Type of Service (medical, dental, vision)</th>
<th>Number of Miles traveled</th>
<th>Cost of Tolls &amp; Parking Fees</th>
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* Explanation of benefits for medical expenses must coincide and accompany all transportation expenses submitted.

Certification and Authorization: I certify that the information on this form is accurate and complete. I am requesting reimbursement for expenses incurred by myself or an eligible dependent.

Participant Signature_________________________________________ Date____________________________________