



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 877-664-2566.

### Mileage Reimbursement Rate

Updates to the mileage reimbursement rate can be viewed on the Commission's website at [workcomp.virginia.gov/documents/rates-min-max-benefits-cola-mileage](http://workcomp.virginia.gov/documents/rates-min-max-benefits-cola-mileage).

### Ombudsman Office

Have questions about the Virginia Workers' Compensation Commission and no lawyer? Call the Ombuds Department at 833-448-1681, or email [ombuds@workcomp.virginia.gov](mailto:ombuds@workcomp.virginia.gov). We cannot give legal advice, but all conversations will be kept confidential.