MILEAGE AND PARKING REIMBURSEMENT

(Reimbursement of trips after December 1, 2005) ATTACH PARKING RECEIPTS

EMPLOYEE:	TOTAL MILES TRAVELED:	
ADDRESS:	@ \$0.40 / mile = \$	
	TOTAL PARKING: \$	
DATE OF ACCIDENT:	TOTAL MILEAGE AND PARKING:	

SBWC CLAIM NUMBER: _____

\$_____

Date	Name of Doctor, Pharmacy or Provider	Provider's Address	Round- Trip Mileage	Parking

I certify that the above information is true and correct to the best of my knowledge and that I have not previously been reimbursed for any of the above trips to this date.