Mail completed forms to:
Department of Labor and Industries
P.O. Box 44269
Olympia, Wash. 98504-4269

Travel Reimbursement Request

- **You must have prior authorization from your claim manager. See WAC 296-20-1103.**
- **Read the instructions on the back before you start.**
- **Traveling for an Independent Medical Examination? Find the IME travel form (F245-224-000) online at www.Lni.wa.gov and click on Get a Form or Publication.**

Worker Information (Please print)

Name (Last, First, Middle Initial)			Claim No. Date of injury
Home address (not PO Box)		Apt #	Social Security No. (for ID only)
City	State	ZIP	Phone no.

Reason for travel: (check one)

- ☐ Medical visit or treatment
- ☐ Vocational services
- ☐ Attending retraining class (attach copy of Transportation Encumbrance form F245-375-000 signed by Vocational Counselor)

Travel Information – Instructions and example on back.

	A. Date (each trip) mm/dd/yyyy	B. Travel code (one per line – see back of form)	C. From (City)	D. To (city)	E. Provider name & reason for visit	F. No. of miles (round trip)	G. Expense cost (one per line)
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Required: Signature of the provider or office staff to verify your appointment.

1. _____ Date
2. _____ Date
3. _____ Date
4. _____ Date
5. _____ Date
6. _____ Date
7. _____ Date

Required: Worker's Signature

These expenses are related to my worker's compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false. I have read and understand the instructions on the back of this form.

Date	Worker name printed	Worker's signature

Instructions: complete each column.

- **Column A:** Date you traveled (one date per line).
- **Column B:** Use only one code per line. Codes are listed below.
- **Column C:** City you traveled from.
- **Column D:** City you traveled to.
- **Column E:** Provider you saw and reason for traveling.
- **Column F:** Total number of miles you traveled round trip.
- **Column G:** Dollar amount of each expense (food, lodging, fares, parking). Only one expense per line. Parking expenses under $10 don't require a receipt. You must attach copies of all receipts. All receipts must be itemized and legible. No credit card slips.

Travel codes

Expense	Medical services	Vocational services	Retraining
Private vehicle mileage	0401A	V0028	0301R
Parking	0402A	0402A	0302R
Bridge & ferry toll	0403A	0403A	0303R
Commercial transportation	0405A	0405A	0304R
Taxi	0414A	0414A	Contact your Voc Counselor
Lodging	0406A	0406A	Contact your Voc Counselor
Breakfast	0407A	0407A	Contact your Voc Counselor
Lunch	0408A	0408A	Contact your Voc Counselor
Dinner	0409A	0409A	Contact your Voc Counselor

Signatures

Medical visits: The provider or office staff you saw must sign to verify each visit date.
Vocational and Retraining services: Your Vocational Counselor must sign to verify each date you traveled.
Worker's signature: You need to sign the form for reimbursement.

Example

	A. Date (each trip) mm/dd/yyyy	B. Travel code (one per line)	C. From (City)	D. To (city)	E. Provider name & reason for visit	F. No. of miles (round trip)	G. Expense cost (one per line)
1.	03/05/2009	0401A	Olympia	Seattle	Dr. Smith; post-op visit	120	
2.	03/05/2009	0402A					$15.00

Need more help or more information?

Go to www.LNI.wa.gov and click on Injured Worker or call 1-800-LISTENS.
Or check WAC 296-20-1103.

Need more forms? Go to www.Lni.wa.gov and click on Get a Form or Publication.