

Mail completed forms to:
 Department of Labor and Industries
 PO Box 44269
 Olympia WA 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.
Home Address (not PO Box)			Date of Injury
City	State	Zip Code	Social Security No. (For ID only)
			Phone No.

Reason for Travel (check only one type of travel per form)

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

Travel Information – instruction and example on back

Did you attach your expense receipts? Yes No

	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 (attach receipts)
1.							
2.							
3.							
4.							
5.							
6.							
7.							

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

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

Required: Worker's Signature

These expenses are related to my workers' 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.

Print Worker's Name _____ Worker's Signature _____ Date _____

After the first visit for your claim, travel is only payable if you:

- Have authorization from your claim manager and
- See a provider who's in the L&I Provider Network (exceptions may apply see link below).

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 the 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. You must attach copies of all receipts except for parking under \$10. All receipts must be itemized and legible. Credit card receipts aren't acceptable.

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 – 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 (attach receipts)
1.	08/08/2014	0401A	Olympia	Seattle	Dr. Smith; post-op visit	120	
2.	08/08/2014	0402A					\$25.00

Need to find a nearby L&I Network Provider?

Go to Find-A-Doc at www.FindADoc.Lni.wa.gov.

Need more help or information?

Go to www.Lni.wa.gov and click on the Injured Workers tab or call 1-800-LISTENS.

You can read the complete Travel Expense WAC by visiting apps.Leg.wa.gov/WAC/ and searching for WAC 296-20-1103.