MCIT
Minnesota Counties Intergovernmental Trust
100 Empire Drive, Suite 100, St. Paul, MN 55103-1885 • 651.209.6400 • 1.866.547.6516 • MCIT.org

MILEAGE REIMBURSEMENT REQUEST

For reasonable and necessary medical treatment. All mileage requests will be checked for accuracy.

Employer: _____

Employee: _____

Injury Date: _____

Claim No: _____

Date	From Example: PT 1234 Any Street	To Example: home 3567 Any Ave	Round Trip Miles

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUB DIVISION 3.

I certify that the above is a true and accurate log of the mileage related to my injury.

_____ _____

Signature Date