**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)**

| Claim No. | |
|---|---|
| Name (Last, First, Middle Initial) | Date of Injury |
| Home Address (not PO Box) | |
| City / State / Zip Code | 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. Provider name | D. Appointment Address | E. No. of miles (round trip by shortest direct route only) | F. Expense cost (attach receipts) |
|---|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

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

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



RESET

**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:** Provider you saw.
- **Column D:** Address you traveled to.
- **Column E:** Total number of miles you traveled round trip.
- **Column F:** 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. Provider name | D. Appointment Address | E. No. of miles (round trip by shortest direct route only) | F. Expense cost (attach receipts) |
|---|---|---|---|---|---|---|
| 1. | 12/12/2022 | 0401A | Dr. John Smith | 123 Hospital Way SW Suite 200<br>Seattle WA 98101 | 120 | |
| 2. | 12/12/2022 | 0402A | | 123 Hospital Way SW Suite 200<br>Seattle WA 98101 | | $25.00 |

**Need to find a nearby L&I Network Provider?**
Go to Find-A-Doc at www.Lni.wa.gov/FindADoc.

**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.