



Help prevent delays in reimbursement

- List travel dates in chronological order.
- Submit this form immediately after your trip or as soon as you have filled the travel lines.

Example

Correct	Incorrect
1. DATE month/day/year	2. DATE month/day/year
Jan. 4, 2014	Jan. 31, 2014
Jan. 17, 2014	Jan. 4, 2014
Jan. 31, 2014	March 17, 2014

BWC pays reimbursements on the rate effective at the time of travel. Rates are subject to change every year. If you have any questions regarding the rates, please contact the customer service office listed on the front of the form.

- Injured worker information** – Complete.
- Date of travel** – Enter month, day and the year that you traveled to receive service.
- Travel** – Indicate the cities you traveled from and to. Use only one from and to box per round trip.
- Total car mileage per trip** – Enter the amount of miles traveled to your destination each day.
- Other types of travel** – This includes travel by bus, taxi, train, air or other special transportation. BWC must authorize such travel in advance. Reimbursement applies to injured worker only. BWC will reimburse companion expenses only if it authorized companion travel in advance. BWC requires receipts and reimburses for actual fare.
 - Type:** Enter the type of transportation used.
 - Cost:** Enter the cost of transportation used.
- Other expenses** – Includes miscellaneous, meals, and lodging.
 - Miscellaneous:** Enter expenses for parking and tolls only. BWC requires receipts and will pay reimbursement for the actual amount.
 - Meals:** Enter the actual amount. Reimbursement applies to injured worker only. BWC will reimburse companion expenses only if it authorized companion travel in advance.
 - Lodging:** Enter the actual amount. BWC must authorize lodging in advance. BWC will pay reimbursement not to exceed the current maximum rate on the date of travel. Receipts will be required.
- Reason for travel** – Please indicate the reason you are requesting travel reimbursement by checking one of the options. If you check Employer scheduled exam, please submit this request form to your employer for reimbursement.
- Signature and date** – Sign your full name and the date you completed this form.

NOTE: If you are an injured worker employed by a self-insuring employer, complete this form and return it to your employer.



Bureau of Workers' Compensation

Injured Worker Statement for Reimbursement of Travel Expense

Prevent delays in reimbursement

- List travel dates in the order you took trips.
- Submit this form immediately after your trip or as soon as you complete the travel lines.
- Type or print lines 1-7, sign line 8.

Return completed form to:

1. Last name		First		M.I.	Claim number			
Street address or P.O. box					Social Security number			
City		State		Nine-digit ZIP code		Telephone number ()		
2. Date month/day/year	3. Travel		4. Total car mileage per trip	5. Other types of travel		6. Other expenses		
				a. Type	b. Costs	a. Misc.	b. Meals	c. Lodging
	From							
	To							
	From							
	To							
	From							
	To							
	From							
	To							
7. Check reason for travel: <input type="checkbox"/> BWC scheduled exam <input type="checkbox"/> Managed care organization scheduled exam <input type="checkbox"/> Pre-authorized specialized treatment <input type="checkbox"/> Employer scheduled exam <input type="checkbox"/> Industrial Commission of Ohio (IC) scheduled exam <input type="checkbox"/> Vocational Rehabilitation								
8. I, the injured worker, certify the statements made on this travel expense statement are true, and that all expenditures were used for the travel expenses indicated. Signature: _____ Date: _____								

I understand that any person who knowingly makes a false statement, misrepresentation, concealment of fact or any other act of fraud to obtain payment as provided by BWC, or who knowingly accepts payment to which that person is not entitled is subject to felony criminal prosecution and may, under appropriate criminal provisions, be punished by a fine or imprisonment or both.

Official use only

<input type="checkbox"/> Check only if charged to Surplus Fund	Procedure codes			
	BWC W0501 - Travel & Misc. W0502 - Meals W0503 - Lodging	IC W0515 - Travel and Misc. W0516 - Meals W0517 - Lodging	Rehabilitation W0600 - Travel and Misc. W0601 - Meals W0602 - Lodging	
Mileage, meals and lodging calculations		Amount	Code	TCN
Total car mileage 4. X (rate per mile)		\$		
Total other types of travel 5b.		\$		
Total miscellaneous 6a.		\$		
Sub total ►		\$		
Total meals 6b.		\$		
Total lodging 6c.		\$		
Total amount to be reimbursed ►		\$		
Official approval signature		Date	Telephone number ()	User name (A number)