



STATE OF MISSOURI  
 OFFICE OF ADMINISTRATION  
 CENTRAL ACCIDENT REPORTING OFFICE (CARO)  
 P.O. BOX 809  
 JEFFERSON CITY, MO 65102  
 (573) 751-2837 FAX: (573) 751-5262  
 TOLL FREE (888) 622-7694

**MILEAGE REIMBURSEMENT REQUEST**

**GENERAL INFORMATION AND INSTRUCTIONS**

1. Employees injured as a result of a work related injury may be eligible for mileage reimbursement for trips to authorized medical providers.
2. The authorized medical treatment must be rendered at a place outside of the local or metropolitan area from the employees principal place of employment.
3. Employees should complete Section 1 and then present this form to the medical provider for completion of Section 2. Employees may turn the completed form in to their state agency or mail or fax it directly to the CARO office for consideration.

Questions may be directed to the CARO office.

**TO BE COMPLETED BY EMPLOYEE**

PLEASE PRINT EMPLOYEE NAME AND ADDRESS

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CARO NO.
DATE OF INJURY
AGENCY

DATES OF TRAVEL	FROM (CITY)	TO (CITY)	NUMBER OF MILES ROUND TRIP

EMPLOYEE SIGNATURE \_\_\_\_\_

**TO BE COMPLETED BY MEDICAL PROVIDER**

WE HEREBY CONFIRM THE ABOVE-STATED EMPLOYEE WAS RENDERED MEDICAL TREATMENT AT \_\_\_\_\_ ON THE DATES AS SPECIFIED  
 \_\_\_\_\_  
 (NAME OF MEDICAL PROVIDER)

ADDRESS OF MEDICAL PROVIDER	CITY	STATE	ZIP
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AUTHORIZED SIGNATURE	DATE
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**TO BE COMPLETED BY CARO**

TOTAL MILES X _____ = \$ _____	APPROVED	DATE
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