



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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