**PUBLIC EMPLOYEE CLAIMS DIVISION**
**1 COMMERCE WAY, STE 505**
**LITTLE ROCK, AR 72202**
**PHONE: 501-371-2700, 866-278-8066, FAX: 501-371-2733**
**EMAIL: Insurance.Public.Employee.Claims@arkansas.gov**

# MILEAGE REIMBURSEMENT FORM

FOR WORKERS' COMPENSATION

| DATE | MEDICAL PROVIDER | ADDRESS | NO. OF MILES ROUNDTRIP |
|---|---|---|---|
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| | | **Total Miles** | |
| | | | X .52 Per Mile |
| | | **TOTAL** | |

| | |
|---|---|
| **Name** | |
| **Address** | |
| **City, State, Zip** | |
| **Claim Number** | |

**CLAIM MANAGER VERIFICATION FOR PAYMENT (FOR PECD USE)**