

2016 Medical Mileage Worksheet

You may use this form to calculate mileage reimbursement for transportation expenses primarily for and essential to medical care. You are not required to use this form, but you must submit all of the information requested here (along with your Reimbursement Claim Form) in order to be reimbursed for eligible mileage expenses.

***Note:** In addition to the information below, you must also provide us with documentation related to the mileage expense you are claiming. For example, if you are claiming round-trip transportation from your home to your doctor’s office, you must provide a walk-out statement or other documentation for a visit to that doctor on that date. (If you have already claimed reimbursement for the medical expense itself earlier in the plan year, you will still need to submit that documentation again to substantiate your mileage request. Mark the documentation “Already reimbursed – requesting mileage,” and do not include the cost of the medical expense in the total amount requested on your claim form.)

The allowed mileage rate for use of an automobile to obtain medical care for dates in 2016 is 19 cents per mile.

Date	Traveling To	Distance in miles	Multiplied by Mileage Rate	Total	Documentation included? (Required)
1/4/2016	Dr. Brown’s Office	14	\$.19	\$2.66	✓
			\$.19		
			\$.19		
			\$.19		
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			\$.19		
			\$.19		
			\$.19		
			\$.19		
			\$.19		

Total Medical Mileage Reimbursement Requested: _____