Claims Administrative Services, Inc.
PO BOX 7500
TYLER, TX 75711
(903) 509-8484/(800) 765-2412
(903) 509-1888 fax

REQUEST FOR TRAVEL REIMBURSEMENT

EMPLOYEE NAME:	DATE OF INJURY:
EMPLOYEE ADDRESS:	EMPLOYER NAME:
EMPLOYEE TELEPHONE NUMBER:	
EMPLOYEE SOCIAL SECURITY NUMBER:	CARRIER CLAIM NUMBER:

Date of Treatment	**Travel From** (provide street address)	**Travel To** (provide provider name and street address)	**Distance Traveled** (Total Miles)	**Reimbursement Requested** (State Rate)
			mi rt	**x $.555 = $**
			mi rt	**x $.555 = $**

TOTAL: **____mi.____** **____$**

I certify that the above information is true and correct.

_____ _____
SIGNATURE DATE

ADJUSTER APPROVAL:

ADJUSTER NAME: Jan Kester

Jan Kester _____ _____
ADJUSTER SIGNATURE DATE