

# MEDICAL TRIP MILEAGE REIMBURSEMENT FORM

Expense Template for Medical Mileage Deductions

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PATIENT NAME:

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TAX YEAR / PERIOD:

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CLAIMANT NAME:

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SUBMISSION DATE:

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DATE	MEDICAL PROVIDER / PURPOSE OF TRIP	START LOCATION (ADDRESS)	DESTINATION (ADDRESS)	ODOMETER (START / END)	TOTAL MILES

TOTAL MILES	
RATE PER MILE	
TOTAL CLAIM (\$)	

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CLAIMANT / PATIENT SIGNATURE

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DATE

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AUTHORIZED APPROVER SIGNATURE

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DATE

