

HEALTHCARE MILEAGE EXPENSE REPORT

Medical Travel Deduction Ledger

PATIENT NAME:

TAX YEAR:

SUBMITTED BY:

SUBMISSION DATE:

DATE	DESTINATION / MEDICAL PROVIDER & LOCATION	PURPOSE OF TRIP / MEDICAL REASON	START ODO	END ODO	TOTAL MILES	PARKING/TOLLS

TOTAL MEDICAL MILES	
MEDICAL MILEAGE RATE	
TOTAL MILEAGE DEDUCTION	
TOTAL PARKING & TOLLS	
TOTAL CLAIM AMOUNT	

CLAIMANT / TAXPAYER SIGNATURE

DATE