



Mileage Expense Certification Log

You may use this form to itemize mileage expenses necessary to obtain eligible medical care.

Please note: the total from this page must be transferred to a completed and signed claim form and this Mileage Log must be submitted with your claim form as supporting documentation.

Name of provider of eligible medical service/ Where service was provided	Reason for/type of service	Date(s) of service	# of round trip miles traveled	Mileage expense*
Total (transfer this total to your claim form and submit log with your claim form)				

- * **The mileage rate for services provided:**
- on or after 1/1/2017: 17 cents x # of miles.
 - from 1/1/2016 - 12/31/2016: 19 cents x # of miles.

I hereby certify that an amount equal to the amount set forth above was expended by me on the dates set forth above for mileage expenses incurred while traveling to/from a provider of eligible medical services.

Employee Name: _____ **Member ID:** _____
(Please print clearly)

Name of Employer: _____
(Please print clearly)

Employee Signature: _____ **Date:** _____