Georgia Insitute of Technology
MILEAGE & PARKING REIMBURSEMENT REQUEST

WC Claim #	Name-First	M.I.	Last
Home Address	City	State	Zip Code
Injury Date	SS#	Department	

Date of Visit	From	To	Destination and Purpose	Total Miles	*Parking Expense

Total # of miles	
Total parking expenses	

A copy of your parking receipt must be attached for reimbursement. Fax this entire form along with the appropriate documentation to 404-657-1188. If you prefer, mail completed form and documentation to: DOAS-Risk Management Services, P.O. Box 38198, Atlanta, GA 30334-5525.

I certify that the above information is true and correct to the best of my knowledge, and that I have not previously been reimbursed for any of the above expenses, as of this day.

_____ _____

CLAIMANT'S SIGNATURE DATE