



FERRIS STATE UNIVERSITY
HUMAN RESOURCES

Worker's Compensation
Mileage Reimbursement Form

Name _____

Address _____

PLEASE LIST EACH TRIP AS IT IS TAKEN.

SUBMIT MILEAGE FORMS AT LEAST ONCE A MONTH FOR REIMBURSEMENT.

DATE	DOCTOR, HOSPITAL, OR MEDICAL FACILITY	ROUNDTRIP MILES

Please Sign _____ **Total Miles** _____

Please Return Completed Form to: Ferris State University
Human Resources
Attn: Kipp Saathoff
420 Oak St., PRK 150
Big Rapids, MI 49307-2020

420 Oak Street
Prakken 150
Big Rapids, MI 49307-2020

Phone: (231) 591-2150
Fax: (231) 591-2978
Web: www.ferris.edu

