

**PUBLIC EMPLOYEE CLAIMS DIVISION**  
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LITTLE ROCK, AR 72201  
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# MILEAGE REIMBURSEMENT FORM

FOR WORKERS' COMPENSATION

DATE	MEDICAL PROVIDER	ADDRESS	NO. OF MILES ROUNDRIP
<div style="text-align: right;"> <b>Total Miles</b>   <b>TOTAL</b> </div>			
			X .43 Per Mile

<b>Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Claim Number</b>	

**CLAIM MANAGER VERIFICATION FOR PAYMENT (FOR PECO USE)**