

TO:

RE: Claimant:
Your Insured:
Claim Number:
D/A:

Dear Sir or Madam:

I am submitting this travel expense voucher to you for reimbursement of my travel expenses related to medical treatment I received as a result of the _____ accident, as follows:

DATE I traveled FROM TO : [(# Miles) X \$0.____] = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

__/__/__, I traveled from _____ to _____ : _____ Miles at \$0.____ per mile = \$ _____

TOTAL = \$ _____

Please reimburse me the **TOTAL** of \$ _____ for my travel expense. Thank you for your time.

Sincerely,
