

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:

<u>DATE</u>	I traveled	<u>FROM</u>	<u>TO</u>	:	[ (# 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	= \$ _____

**TOTAL** = \$ \_\_\_\_\_

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

Sincerely,

\_\_\_\_\_