

MILEAGE REIMBURSEMENT REQUEST

EMPLOYEE NAME:	
EMPLOYER NAME:	Blount County Government
DATE OF INJURY:	
TREATING PHYSICIAN:	
CLAIMS ADJUSTER:	

DATE	DEPARTED FROM	DESTINATION	PURPOSE	ROUND TRIP MILES
			TOTAL MILES:	

You must have traveled over 30 miles *round trip* to be able to claim mileage
Your claim for mileage will be verified through an Internet mapping program.

Return form to: **Blount County Government**
Risk Management
387 Court Street
Maryville, TN 37804

FAX: 865-273-5778