



PUBLIC EMPLOYEE CLAIMS DIVISION
 1200 WEST THIRD STREET, SUITE 201
 LITTLE ROCK, AR 72201
 PHONE: 501-371-2700, 866-278-8066, FAX: 501-371-2733
 EMAIL: Insurance.Public.Employee.Claims@arkansas.gov

MILEAGE REIMBURSEMENT FORM
 FOR WORKERS' COMPENSATION

DATE	MEDICAL PROVIDER	ADDRESS	NO. OF MILES ROUNDRIP
Total Miles			
TOTAL			X .43 Per Mile
TOTAL			

Name	
Address	
City, State, Zip	
Claim Number	

CLAIM MANAGER VERIFICATION FOR PAYMENT (FOR PECD USE)