

# Request for Reimbursement of Expenses

**Complete form**, including **claim number**, and send to SAIF Corporation. Itemized receipts for each item must accompany this completed form. For prescription medication, please include the pharmacy slip with the name of the physician, medication, date filled, and amount paid, rather than the cash register receipt. Incomplete requests will be returned for additional information. Reimbursement must be requested within 2 (two) years from date of service.



400 High St. SE, Salem, OR 97312  
1.800.285.8525

Name \_\_\_\_\_

Street address \_\_\_\_\_ Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**Claim Number** \_\_\_\_\_

This is a new address

TRANSPORTATION					
Start Location	End Location	Doctor or Hospital	Trip Miles	Date	\$ Amount

\$ \_\_\_\_\_  
**TOTAL Transportation Reimbursement**

MEALS								
Date	\$ Breakfast	City	Date	\$ Lunch	City	Date	\$ Dinner	City

\$ \_\_\_\_\_  
**TOTAL Meals Reimbursement**

LODGING			
Hotel/Motel Name	Location	Date	\$ Cost

\$ \_\_\_\_\_  
**TOTAL Lodging Reimbursement**

PRESCRIPTIONS			
Name of Medication	Doctor	Date	\$ Cost

\$ \_\_\_\_\_  
**TOTAL Prescription Reimbursement**

As attested to by my signature and under penalty of law, I certify that all information I have given in this request for reimbursement is true and contains no false statements and/or misrepresentation.

\$ \_\_\_\_\_  
**GRAND TOTAL Reimbursement**

Signature of worker: \_\_\_\_\_ Date: \_\_\_\_\_

Meals and lodging will be reimbursed if you are required to travel a distance for medical treatment that would prohibit you from returning to your local area within a reasonable time frame. An example would be travel in excess of 75 miles each way for meals or a required overnight stay for lodging and meals.

**Standard rates for the continental United States:**

Lodging and meal rates effective Oct. 1, 2011	<b>ALL Private Vehicle Mileage effective April 17, 2012 = 55.5 cents per mile</b>
Breakfast \$11.50 Lunch \$11.50 Dinner \$23.00 Lodging \$77.00	Previous mileage rates: 01/01/11 = 51.0 cents per mile 01/01/10 = 50.0 cents per mile

Room tax is reimbursable in addition to the lodging allowance.

**Per day rates exceed the standard rate in the following Oregon locations:**

County/City	Effective dates	Max. lodging rate	Meal rate*
Clackamas	All year	\$88	\$61
Clatsop	10/1 - 6/30	\$96	\$51
	7/1 - 8/31	\$131	\$51
	9/1 - 9/30	\$96	\$51
Deschutes	10/1 - 6/30	\$89	\$61
	7/1 - 8/31	\$114	\$61
	9/1 - 9/30	\$89	\$61
Jackson/Klamath	All year	\$82	\$56
Lane	All year	\$97	\$51
Lincoln	10/1 - 6/30	\$84	\$56
	7/1 - 8/31	\$105	\$56
	9/1 - 9/30	\$84	\$56
Multnomah	All year	\$113	\$66
Washington	All year	\$93	\$51

\*For meals, the following percentages shall be used: breakfast 25%; lunch 25%; dinner 50%