Benefit Resource, Inc.
plans that perform

Mileage Expense Certification Log

You may use this form to itemize mileage expenses necessary to obtain eligible medical care.

Please note: the total from this page must be transferred to a completed and signed claim form and this Mileage Log must be submitted with your claim form as supporting documentation.

Name of provider of eligible medical service/ Where service was provided	Reason for/type of service	Date(s) of service	# of round trip miles traveled	Mileage expense*
Total *(transfer this total to your claim form and submit log with your claim form)*				

****The mileage rate for services provided from 1/1 - 12/31/2009: # of miles x 24 cents; for services provided on or after 1/1/2010: # of miles x 16.5 cents.***

I hereby certify that an amount equal to the amount set forth above was expended by me on the dates set forth above for mileage expenses incurred while traveling to/from a provider of eligible medical services.

Employee Name: _____ ***Member ID:*** _____
(Please print clearly)

Name of Employer: _____
(Please print clearly)

Employee Signature: _____ ***Date:*** _____