MILEAGE REIMBURSEMENT RECORD

Complete this form to receive mileage reimbursement for travel to obtain treatment or attend vocational rehabilitation training due to a worker's compensation claim. The rate is the same as what state employees receive for business related mileage expenses. The uniform travel rate is adjusted periodically by the Department of Administration's (DOA) Division of Personnel Management (DPM) with the approval of the Joint Committee on Employment Relations (JCOER).

Department of Workforce Development Worker's Compensation Division

201 E. Washington Ave.
P.O. Box 7901
Madison, WI 53707
Imaging Server Fax: (608) 260-2503
Telephone: (608) 266-1340
Fax: (608) 267-0394
https://dwd.wisconsin.gov/wc
e-mail: DWDDWC@dwd.wisconsin.gov

*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.

The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

Employee Name		WC Claim Number or Social Security Number*	
Employee Address		Date of Injury	
		Employee Phone Number	
Employer Name		Notes	
Date	Hospital, Clinic, Doctor, or Therapy Location Nam	e & Address	Round Trip Mileage
	TOTAL MILEAGE between <u>7/1/2008 – 6/30/2012</u>		
	TOTAL MILEAGE REIMBURSEMENT DUE [MILEAGE x \$.485 EFFE 6/30/2012]*	\$	
	TOTAL MILEAGE on or after 7/1/2012		
	TOTAL MILEAGE REIMBURSEMENT DUE [MILEAGE X \$.51 EFFECTIVE 7/1/2012]* \$		\$
Signature		Date Reimbursement Request	ed

MILEAGE STATUTE REFERENCE *

102.42 (1)	Mileage	■Reimbursement for travel to/from reasonable medical treatment
102.42 (2) (b)		(not for unreasonable treatment)
102.03 (1) (f)		■At same rate as state employees for business related mileage
102.61(1)		expense (\$.485 from 7/1/08 to 6/30/12. Rate effective as of 7/1/12
102.61 (1m) (c)		is \$.51)

Mileage Reimbursement Rates for Worker's Compensation Claimants

AFTER:	RATE PER MILE
07/01/12	\$.51
07/01/08	\$.48 ½
12/01/07	\$.46 ½
05/01/06	\$.42 ½
01/01/06	\$.38 ½
01/01/02	\$.32 ½
01/01/98	\$.29
01/01/94	\$.26
01/01/91	\$.24
07/01/82	\$.21 ½
07/01/81	\$.20 ½
07/01/80	\$.19
07/01/79	\$.18
07/01/78	\$.17
07/01/77	\$.15 ½
07/01/75	\$.14
07/01/73	\$.11
11/15/69	\$.10

(from DWD website 3/2019: http://dwd.wisconsin.gov/wc/workers/mileage-rates.htm)