



PO Box 7029 ▲ Helena, Montana 59604 ▲ Tel 877-667-7392 ▲ Fax 406-457-4505 ▲ www.mtsba.org

TRAVEL EXPENSE VOUCHER					
PLEASE SEE BACK OF FORM FOR INSTRUCTIONS					
Name	Claim Number				
Mailing Address	Physical Address				
City	Name of Attending Physician				
Purpose of Travel: (check only one) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> No same or similar services available locally</td> <td style="width: 50%; border: none;"><input type="checkbox"/> No Local practicing physician</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Exam/evaluation requested by MTSBA WC</td> <td style="border: none;"><input type="checkbox"/> Referral by attending physician</td> </tr> </table>		<input type="checkbox"/> No same or similar services available locally	<input type="checkbox"/> No Local practicing physician	<input type="checkbox"/> Exam/evaluation requested by MTSBA WC	<input type="checkbox"/> Referral by attending physician
<input type="checkbox"/> No same or similar services available locally	<input type="checkbox"/> No Local practicing physician				
<input type="checkbox"/> Exam/evaluation requested by MTSBA WC	<input type="checkbox"/> Referral by attending physician				

Date	Travel Details	Total Miles	Appointment Time*	Lodging (If applicable check box)
				<input type="checkbox"/> receipt attached <input type="checkbox"/> lodging with no receipt
				<input type="checkbox"/> receipt attached <input type="checkbox"/> lodging with no receipt
				<input type="checkbox"/> receipt attached <input type="checkbox"/> lodging with no receipt
				<input type="checkbox"/> receipt attached <input type="checkbox"/> lodging with no receipt
				<input type="checkbox"/> receipt attached <input type="checkbox"/> lodging with no receipt
				<input type="checkbox"/> receipt attached <input type="checkbox"/> lodging with no receipt

*Please note, consideration will not be given to meal reimbursement if appointment time is not listed.

I hereby certify that this is a valid travel claim to MSGIA/WCRRP, in accordance with statutes and administrative procedures.

Claimant's Signature

Date

Find more information about meals, lodging, and mileage for worker's compensation on the Montana Department of Labor & Industry [website](#).

<http://erd.dli.mt.gov/work-comp-claims/medical-regulations/meals-lodging-mileage>