North Carolina Industrial Commission

IC FILE # _____

Emp. Code # _____

Carrier Code # _____

Carrier File # _____

Employer FEIN _____

ITEMIZED STATEMENT OF CHARGES FOR TRAVEL

The Use of This Form Is Required Under The Provisions of The Workers' Compensation Act

Employee's Name	Employer's Name ( ) Telephone Number
Address	Employer's Address City State Zip
City State Zip	Insurance Carrier
( ) Home Telephone ( ) Work Telephone	Carrier's Address City State Zip
☐M ☐F / / Social Security Number Sex Date of Birth	( ) Carrier's Telephone Number ( ) Fax Number

Employees are entitled to reimbursement of **$0.555** per mile for travel for medical treatment, provided they travel 20 miles or more roundtrip starting July 1, 2011. (The mileage rate is **$0.51** for January 1-June 30, 2011; **$0.50** for 2010; **$0.55** for 2009; **$0.585** for July 1-December 31, 2008; **$0.505** for January 1- June 30, 2008; **$0.485** for 2007; **$0.445** for January 18-December 31, 2006; and **$0.31** for travel before that date.) Special consideration will be given to employees who are totally disabled. No reimbursement is allowed for trips to purchase medications or supplies unless medically necessary. These items must be purchased on visits to medical providers (G.S. § 97-25).

DATE	NAME OF MEDICAL PROVIDER	CITY	TOTAL MILES ROUNDTRIP
/ /			
/ /			
/ /			
/ /			
/ /			

OTHER EXPENSES	If overnight stay is necessary, the following items will be approved as submitted. (Receipts must be furnished for carrier's file)	Total motel expense ($45.00 per day:		Total Miles:	0
		Total meal expense ($6.00 Breakfast, $8.00 Lunch, and $14.00 Dinner):		x [mileage rate]*	
		Total parking & cab expense (actual charge):		Other expenses:	0.00
		Total for other expenses:	0.00	Total all expenses:	0.00

*The mileage rate is **$0.555** for travel, starting July 1, 2011; **$0.51** for January 1-June 30, 2011; **$0.50** for 2010; **$0.55** for 2009; **$0.585** for July 1 to December 31, 2008; **$0.505** for January 1 to June 30, 2008; **$0.485** for 2007; **$0.445** for January 18 to December 31, 2006; and **$0.31** for travel before that date.

I hereby certify that I have incurred all expenses listed above as a result of my workers' compensation injury.

Employee signature

Carrier's approval

Employee:
Mail your bill in duplicate promptly to employer and/or insurance carrier

Employer or Carrier/Administrator:
Travel may be reimbursed directly to the employee. It is not necessary to submit bills to the Commission for approval. Pay and retain copy in carrier's file.

FORM 25T
07/11
PAGE 1 of 1

FORM 25T

FOR ASSISTANCE, CALL:
N.C. INDUSTRIAL COMMISSION
MAIN TELEPHONE: (919) 807-2500
WORKERS' COMPENSATION INFORMATION SPECIALISTS: (800) 688-8349