

Request for Reimbursement of Expenses*



- You may submit this form online by going to saif.com/worker.
- Incomplete requests will be returned for additional information.
- You must request reimbursement by whichever date is later: (a) two years from the date the costs were incurred or (b) two years from the date the claim or medical condition is finally determined compensable.
- Reimbursement requests can take up to 30 days to be processed.

saif.com/worker
 400 High St. SE, Salem, OR 97312
 P: 800.285.8525
 F: 877.584.9802

Name _____

Street address _____ Apt. # _____

City _____ State _____ Zip _____ Phone _____

Email _____

This is a new address.

Claim number _____

MILEAGE 57.5 cents per mile effective Jan. 1, 2020; for other mileage rates see chart on back. Gas receipts not necessary.

Travel date (mm/dd/yyyy)	Start location (Address, City)	End location (Business, Address, City)	Medical purpose (diagnostic, doctor, hospital, IME, therapy)	Total miles	Amount \$

PHARMACY/OTHER MEDICAL For prescription medication, you must include the **pharmacy slip** with the name of the physician, medication, date filled, and amount paid, rather than the cash register receipt. Medications filled as brand rather than generic require medical justification or they will be reimbursed at the generic rate.

Date purch.	Name of medication/medical supplies	Prescribing doctor	Amount \$

MEALS/LODGING (See rates on back) 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. **Itemized receipts for each item must accompany this form.**

Travel date	Name/City	Lodging \$	Breakfast \$	Lunch \$	Dinner \$

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 _____

*This form was modified by SAIF, and has been approved for use by the Oregon Workers' Compensation Division. See OAR 436-060-0003(3)(b)(D).

MEALS/LODGING (Continued)

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.

Standard rates for the continental United States:

Lodging and meal rates effective Oct. 1, 2020 thru Sept. 30, 2021.

The standard rates are:

Breakfast	\$13.75
Lunch	\$13.75
Dinner	\$27.50
Lodging	\$96.00
Meals	\$55.00

All private vehicle mileage effective January 1, 2020 = **57.5 cents per mile**

Previous mileage rates:

Jan. 1, 2019 = 58 cents per mile
Jan. 1, 2018 = 54.5 cents per mile
Jan. 1, 2017 = 53.5 cents per mile
Jan. 1, 2016 = 54.0 cents per mile

Room tax is reimbursable in addition to the lodging allowance.

Gas receipts are not necessary.

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

County/City	Effective dates	Max. lodging rate*	Meal rate**
Clackamas	10/01/20 – 05/31/21	\$115	\$56
	06/01/21 – 08/31/21	\$138	\$56
	09/01/21 – 09/30/21	\$115	\$56
Clatsop	10/01/20 – 06/30/21	\$110	\$71
	07/01/21 – 08/31/21	\$182	\$71
	09/01/21 – 09/30/21	\$110	\$71
Deschutes	10/01/20 – 05/31/21	\$115	\$61
	06/01/21 – 08/31/21	\$161	\$61
	09/01/21 – 09/30/21	\$115	\$61
Lane	10/01/20 – 09/30/21	\$108	\$61
Lincoln	10/01/20 – 06/30/21	\$114	\$66
	07/01/21 – 08/31/21	\$162	\$66
	09/01/21 – 09/30/21	\$114	\$66
Multnomah	10/01/20 – 10/31/20	\$182	\$66
	11/01/20 – 05/31/21	\$152	\$66
	06/01/21 – 09/30/21	\$182	\$66
Washington	10/01/20 – 09/30/21	\$136	\$61

*Lodging rates do not include taxes. Room taxes are reimbursable in addition to the lodging allowance.

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

Rates obtained from WCD Bulletin 112.