

# Reimbursement of Expenses

- You may submit this form online by going to [saif.com/worker](http://saif.com/worker).
- Incomplete requests will be returned for additional information.
- Reimbursement must be requested within two years from date of service.
- 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, 2015; 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 \_\_\_\_\_

**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. An example would be travel in excess of 75 miles each way for meals or a required overnight stay for lodging and meals.

**Standard rates for the continental United States:**

Lodging and meal rates effective Oct. 1, 2015		All private vehicle mileage effective January 1, 2015 = <b>57.5 cents per mile</b>
Breakfast	\$12.75	Previous mileage rates:
Lunch	\$12.75	Jan. 1, 2014 = 56.0 cents per mile
Dinner	\$25.50	Jan. 1, 2013 = 56.5 cents per mile
Lodging	\$89.00	

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	All year	\$102	\$59
Clatsop	10/1 – 6/30	\$105	\$69
	7/1 – 8/31	\$156	\$69
	9/1 – 9/30	\$105	\$69
Deschutes	10/1 – 6/30	\$102	\$59
	7/1 – 8/31	\$130	\$59
	9/1 – 9/30	\$102	\$59
Lane	All year	\$106	\$59
Lincoln	10/1 – 6/30	\$98	\$59
	7/1 – 8/31	\$125	\$59
	9/1 – 9/30	\$98	\$59
Multnomah	All year	\$151	\$64
Washington	All year	\$119	\$59

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