Medical Mileage Form

Febco Benefits Administration

Participant Information

Employer Name: _____

Employee Name: _____

Social Security Number: _____ Birthday: _____

Mileage Log

Date	Destination (City, Town or Area)	Medical Purpose	Odometer Readings Start	Odometer Readings Stop	Miles this trip

Note: Reimbursements will be calculated on current IRS Rates.

Total Mileage	
(Current IRS Medical Mileage) See www.febco.com for current rate.	X
Total Amount	$

Fax this form to: (502) 695-9692

Febco Benefits Administration
PO Box 5010
Frankfort, KY 40602