

Medical Mileage Form



USAdmin Services, LLC (Febco Division)

Participant Information

Employer Name: _____

Employee Name: _____

Social Security Number: _____ Birthday: _____

Mileage Log

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

*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 or
(423) 634-0625**

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