



MILEAGE/HOTEL REPORT FOR MEDICAL EXPENSES UNDER A FLEX PLAN

Group Name: _____

Group #: _____

ITEM #	DATE	BEGINNING ODOMETER READING	ENDING ODOMETER READING	DESTINATION	TOTAL MILES	X \$.165		HOTEL RECEIPTS	# OF NIGHTS	\$ AMOUNT (\$50 Max Per Night)
GRAND TOTAL						\$	GRAND TOTAL			\$

Itemized Receipt from Hotel must be attached

EMPLOYEE SIGNATURE
DATE

*****Meal expenses while away from home undergoing treatment are not expenses for medical care under Code Section 213(d) unless they are provided at a hospital or similar institution at which the individual is receiving medical care.

THIS FORM MUST ACCOMPANY A COMPLETED CLAIM FOR REIMBURSEMENT FORM