North Carolina Industrial Commission

IC File #________________

ITEMIZED STATEMENT OF CHARGES FOR TRAVEL

Emp. Code #________________

The Use of This Form Is Required Under the Provisions of the Workers' Compensation Act

Carrier Code #________________

Employee's Name	Employer's Name — Telephone Number ( ) -
Address	Employer's Address — City — State — Zip
City — State — Zip	Insurance Carrier
Home Telephone ( ) - — Work Telephone ( ) -	Carrier's Address — City — State — Zip
	Carrier's Telephone Number ( ) - — Fax Number ( ) -

Employees are entitled to reimbursement of **$0.56** per mile for travel for medical treatment, provided they travel 20 miles or more roundtrip, starting January 1, 2021. Special consideration will be given to employees who are totally disabled. No reimbursement is allowed for trips to purchase medications or supplies unless medically necessary. These items must be purchased on visits to medical providers (G.S. § 97-25).

DATE	NAME OF MEDICAL PROVIDER		CITY		TOTAL MILES ROUNDTRIP
/ /					
/ /					
/ /					
/ /					
/ /					
OTHER EXPENSES	If overnight stay is necessary, the following items will be approved as submitted. (Receipts must be furnished for carrier's file.)	Total motel expense (actual, up to $71.20 per day in-state or $84.10 per day out-of-state):		Total Miles:	
		Total meal expense ($8.40 Breakfast, $11.00 Lunch, and $18.90 in-state or $21.60 out-of-state Dinner):		**X [mileage rate]***	
		Total parking & cab expense (actual charge):		Other expenses:	
		Total for other expenses:		Total all expenses:	

*Prior mileage rates are as follows: (a) **$0.575** for 2020; (b) **$0.58** for 2019; (c) **$0.545** for 2018; (d) **$0.535** for 2017; (e) **$0.54** for 2016.

I hereby certify that I have incurred all expenses listed above as a result of my workers' compensation injury.

Employee signature

Employee:
Mail your bill in duplicate promptly to employer and/or insurance carrier

Carrier's approval

Employer or Carrier/Administrator:
Travel may be reimbursed directly to the employee. It is not necessary to submit bills to the Commission for approval. Pay and retain copy in carrier's file.

NOTICE TO INJURED EMPLOYEE:
THIS FORM SHOULD BE RETURNED TO THE CARRIER AT THE ADDRESS ABOVE FOR PAYMENT.

FOR ASSISTANCE, CALL:
N.C. INDUSTRIAL COMMISSION
MAIN TELEPHONE: ***(919) 807-2500***
HELPLINE: ***(800) 688-8349***