PUBLIC EMPLOYEE CLAIMS DIVISION
1200 WEST THIRD STREET, SUITE 201
LITTLE ROCK, AR 72201
PHONE: 501-371-2700, 866-278-8066, FAX: 501-371-2733
EMAIL: Insurance.Public.Employee.Claims@arkansas.gov

MILEAGE REIMBURSEMENT FORM

FOR WORKERS' COMPENSATION

DATE	MEDICAL PROVIDER	ADDRESS	NO. OF MILES ROUNDTRIP
		Total Miles	
			X .43 Per Mile
		TOTAL	

Name	
Address	
City, State, Zip	
Claim Number	

CLAIM MANAGER VERIFICATION FOR PAYMENT (FOR PECD USE)