Nebraska Workers' Compensation Court

FORMAL TRAINING – MILEAGE REIMBURSEMENT REQUEST

(TO BE COMPLETED MONTHLY)

NAME: _____

Report Period: From: _____ To: _____
(Date) (Date)

I am regularly scheduled to attend training _____ days per week at _____
(Name of Training Facility)

I certify that the total number of miles traveled from _____to _____ is _____.
(Date) (Date) (Total mileage from page 2)

_____
(Employee Signature) (Date)

My Address is: _____

☐ CHECK HERE IF THIS IS A NEW ADDRESS

SUBMIT COMPLETED FORM TO YOUR VOCATIONAL REHABILITATION COUNSELOR FOR VERIFICATION

NOTE: Counselor is to submit form to the court by mail to PO Box 98908, Lincoln, NE 68509-8908 **or by Fax** to 402-742-8311 **or Email** to wcc.vocrehab@nebraska.gov .

_____
(Vocational Rehabilitation Counselor Signature) (Date)

DO NOT WRITE BELOW THIS LINE -- FOR COURT USE ONLY

Total miles traveled this report period	=
Mileage rate	X $ .575
Total actual mileage amount	$
Training provider room and board rate (if applicable)	$
Maximum monthly amount when no room and board available	$
REIMBURSEMENT IS LIMITED TO THE LOWEST OF THE THREE AMOUNTS SHOWN ABOVE (If applicable)	**REIMBURSEMENT IS LIMITED TO THE LOWEST OF THE THREE AMOUNTS SHOWN ABOVE (If applicable)**
Total actual mileage amount to be paid to employee	$

Approved by:

_____
Court Vocational Rehabilitation Specialist Signature Date

(12/12/14)

COMPLETE AND ATTACH MILEAGE LOG
COMPLETE THIS LOG FOR EACH FORMAL TRAINING TRIP

DATE	LOCATION TRAVELED FROM	LOCATION TRAVELED TO	REASON (For example: class, tutor, etc.)	NUMBER OF MILES
		Total number of miles traveled (enter here and on mileage reimbursement request form)		