



**NEBRASKA WORKERS' COMPENSATION COURT
SPECIAL ONE-WAY MILEAGE REIMBURSEMENT FORM**

1. NAME: _____

2. I TRAVELED FROM: _____
(Home Street Address or Training Facility Name)

(City) (State) (Zip Code)

3. I TRAVELED TO:

(Home Street Address or Training Facility Name)

(City) (State) (Zip Code)

4. DATE(S) TRAVELED: From _____ to _____
(Date) (Date)

5. _____
Total # Miles for One-Way
Travel

6. **x0.54/mile** _____
Reimbursement Rate

7. = _____
Total Amt. Reimbursed

8. Mail my check to: _____

I certify that the above information is correct to the best of my knowledge.

(Employee Signature)

(Date)

SUBMIT COMPLETED FORM TO YOUR VOCATIONAL REHABILITATION COUNELOR FOR VERIFICATION

(Vocational Rehabilitation Counselor Signature)

(Date)

Approved by:

(Court Vocational Rehabilitation Specialist Signature)

(Date)