

Department of Human Resources Development

Travel Expense for Industrial Injury

Month of: _____ Year: _____ Year & Make of Car: _____ Model & Type of Car: _____	Submitted by (Name): _____ Social Security Number: <u>xxx</u> - <u>xx</u> - ____
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Read Travel Reimbursement Law printed on backside of this form.

Check only 1 of the following boxes, and then complete the daily log below.

- I request bus fare travel reimbursement.
- I request mileage reimbursement. I cannot use the bus because \_\_\_\_\_
- (Attach your doctor's statement verifying you could not use the bus.)

Date	Address		Odometer Reading		Bus	Total Mileage
	From	To	Start	End		
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	
					<input type="checkbox"/>	

I hereby certify that the above is a true and correct record of mileage on my personal automobile used for travel expenses for industrial accident in accordance with the Workers' Compensation law governing official travel and transportation expenses. I further certify that I carry the minimum liability insurance as required by the "Hawaii No Fault Law" with:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Total Mileage:</td> <td style="width: 20%; text-align: right;">_____</td> </tr> <tr> <td>Rate ____ ¢ per mile</td> <td></td> </tr> <tr> <td>Total Mileage Claim:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Bus Fare Claim:</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Total Claim for Reimbursement:</td> <td style="text-align: right;">\$ _____</td> </tr> </table>	Total Mileage:	_____	Rate ____ ¢ per mile		Total Mileage Claim:	\$ _____	Bus Fare Claim:	\$ _____	Total Claim for Reimbursement:	\$ _____
Total Mileage:	_____										
Rate ____ ¢ per mile											
Total Mileage Claim:	\$ _____										
Bus Fare Claim:	\$ _____										
Total Claim for Reimbursement:	\$ _____										

\_\_\_\_\_ Insurance Company

\_\_\_\_\_ Policy Number      \_\_\_\_\_ Expiration Date

Approved:

\_\_\_\_\_ Claimant's Signature

\_\_\_\_\_ Signature      \_\_\_\_\_ Date

**STATE OF HAWAII**  
**Department of Labor and Industrial Relations**

**ADMINISTRATIVE RULES**  
**(CHAPTER 10, TITLE 12)**

**Relating to Workers' Compensation Law**

**§ 12-10-25 Travel reimbursement.** An employee who is required to obtain medical treatment shall use public conveyances whenever possible for which he shall be entitled to travel reimbursement. If he is unable to use public conveyances because of physical condition, the nature of the injury or geographical location, travel reimbursement by the most direct route will be allowed. When such visits are made before or after work, or during working hours, only the excess miles outside of the normal route will be allowed. Reimbursement for mileage will be in accordance with the Hawaii State Government standards. [Eff: 4/30/81] (Auth: HRS §386-72) (Imp: HRS §386-21)

**NOTE:**

1. With respect to request for reimbursement for parking fees; expenses for parking are included in the mileage allowances.
2. Mileage reimbursement is subject to verification from medical records and documents provided by the health care provider.