

Department of Human Resources Development

Travel Expense for Industrial Injury

PLEASE COMPLETE IN FULL AND SUBMIT WITH AN ORIGINAL SIGNATURE & VALID NO FAULT INSURANCE VERIFICATION

Month of: <input style="width: 80px;" type="text"/> Year: <input style="width: 40px;" type="text"/> Year & Make of Car: <input style="width: 150px;" type="text"/> Model & Type of Car: <input style="width: 150px;" type="text"/>	Submitted by (Name): <input style="width: 150px;" type="text"/> Claim Number: <input style="width: 150px;" type="text"/> Date of Injury: <input style="width: 150px;" type="text"/>
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Read Travel Reimbursement & Allowances for Primary Owned Vehicles rules 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"/>	

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" HRS, Chapter 431, and have <u>attached</u> a true and accurate copy of my corresponding no-fault insurance card with: <input style="width: 350px;" type="text"/> Insurance Company <input style="width: 100px;" type="text"/> <input style="width: 100px;" type="text"/> Policy Number Expiration Date	Total Mileage: _____ Rate _____ ¢ per mile Total Mileage Claim: \$ _____ Bus Fare Claim: \$ _____ Total Claim for Reimbursement: \$ _____
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Approved:

Claimant's Original Signature

Signature Date

STATE OF HAWAII
Department of Labor and Industrial Relations

ADMINISTRATIVE RULES
(TITLE 12, CHAPTER 10)

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)

STATE OF HAWAII
Department of Accounting & General Services

ADMINISTRATIVE RULES
(TITLE 3, CHAPTER 10)

Travel Rules

§3-13-13(b) Mileage reimbursements, (5). To qualify for this allowance, each employee or officer is required to carry liability insurance as required by chapter 431, HRS.

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.

*****NOTE*****

- ✓ **Check to make sure that all highlighted fields are filled out before submission in order to ensure the timely processing of your reimbursement request.**
- ✓ **Enclose a copy of your corresponding no-fault insurance card or a copy of your no-fault insurance declaration from your insurance company for the time period you are claiming on your reimbursement request as required by HAR, Title 3, Chapter 10, §3-13-13(b) Mileage reimbursements, (5).**