WORKERS' COMPENSATION PROGRAM
Travel Expense Report

Claimant's Name:_____ Address:_____

Claim Analyst's Name:_____Date of Injury:_____ Telephone No:_____
(Claimant's Phone #)

Location of Residence:_____

Period of Travel	Day						
	Date						
Time of Travel	Departure						
	Arrival/Return						
Location Of Travel	From						
	To						
	To						
Provider Of Treatment	Doctor						
	Hospital						
	Other						
Purpose of Travel	Type of Care Received						
	Time of Appointment						
Amount paid for each meal and lodging expense	Breakfast						
	Lunch						
	Dinner						
	Lodging						
Your odometer reading	Beginning						
	Ending						
TOTAL							

Reimbursement for meals and mileage to and from a medical provider for treatment of an occupational injury is allowable. The rate of reimbursement will be consistent with the travel allowance authorized by the established tribal travel policy in effect at the time of travel.

_____ _____
Signature of Claimant **Date of Report**

If lodging is needed, please call the Workers' Compensation Program in advance, for authorization. Failure to do this may result in denial of lodging expenses. The phone number to the Workers' Compensation Program is (928) 871-6389 and the fax number is (928) 871-6083.

In order for the injured worker to be reimbursed, the Travel Expense Report must be completed in it's entirely. Each trip should be recorded separately in each of the columns provided on the Report and will be subject to verification, please attach your meal receipts.

Send completed Travel Expense Report and attach all documentation:
Workers' Compensation Program
THE NAVAJO NATION
P.O. Box 2489
Window Rock, Arizona 86515