

Medical Mileage Log Form

Form MEDMILEAGER02/2013



F E B C O

Benefits Consultants

Employer Name: _____

Employer Name: _____

Social Security Number: _____ Birthdate: _____

Date	Destination (City, Town or Area)	Medical Purpose	Odometer Readings		Miles this trip
			Start	Stop	

*Note: Reimbursements will be calculated on
current IRS Rates.*

Total Mileage

*Consult IRS Medical Mileage
for www.irs.gov for current rates.

X

Total Amount \$

Please fax this form to: 502-695-9692
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