

# The Federal FSA Program

## Mileage Expense Worksheet



You can include medical expenses for travel to and from your medical care provider with your health care claim.

If you are submitting only a mileage claim, you must provide documentation indicating the provider's name and address, the date(s) of service, reason for travel, and number of miles traveled for reimbursement.

If you are unable to provide independent documentation, then please use the worksheet below as your documentation indicating the number of miles traveled, date(s) of service, reason for travel and the provider's name and address. You may also use an online map tool as your statement as long as it also includes the number of miles traveled, date(s) of service, reason for travel, and the provider's name and address. If you are submitting a mileage claim along with a medical claim, no statement is needed.

If you are requesting reimbursement for parking as well as mileage, you must include a parking receipt which indicates date(s) of service and cost.

From January 1, 2011 through June 30, 2011 the mileage rate is 19 cents per mile. From July 1, 2011 through December 31, 2011 the mileage rate will be reimbursed at 23.5 cents per mile. Effective January 1, 2012 the mileage rate will be .23 cents per mile.

You will need to round your amount to the nearest value. For instance, for a 7 mile trip at 23.5 cents per mile, the amount will calculate to \$1.645. Using standard rounding logic, this would be reimbursed at \$1.65. If the amount was \$1.644, it would be \$1.64.

Use the worksheet on page 2 to calculate the amount of mileage to include in your medical expenses. For help, refer to the Example below.

### Example

You have diabetes and drive 18 miles each way to see an internist. A round trip visit from your home is 36 miles. On February 1, 2012 you had a follow-up appointment, so you enter your mileage as shown below.

On February 2, 2012 your prescription was ready for pick-up at your local pharmacy and you drove 15 miles round trip. Your mileage should be entered as below.

Date	Destination	Travel Purpose	Total Miles	Mileage Rate	Reimbursement
02/01/12	123 Main Street, Anytown 00000	Office Visit	36	0.23	\$8.28
02/02/12	99887 Front Street, Anytown 00123	Prescription Pick-up	15	0.23	\$3.45
<b>Total Requested Reimbursement</b>					<b>\$11.73</b>

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