



# C.C.T. Workers' Compensation

21 Colville Street | P.O. Box 150, Nespelem, WA 99155  
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## WORKERS' COMPENSATION REIMBURSEMENT FORM

You are entitled to reimbursement for medical treatment and traveling expenses incurred as a result of your industrial injury, such as mileage and parking fees. Mileage fees are reimbursed at the rate of \$0.58 per mile.

Note: Your starting point and destination point must have an address

Date of appointment	Address traveling from	Address of destination	Mileage - Round trip
<b>Associated expenses</b>			
Parking			

**NO PAYMENT WILL BE ISSUED IF A REIMBURSEMENT REQUEST IS RECEIVED PAST ONE (1) YEAR FROM THE DATE OF APPOINTMENT.**

**Please send to: Brandy Schueller, Penser North America  
1802 Terminal Drive  
Richland, WA. 99354**

**Email: [brandyS@penserna.com](mailto:brandyS@penserna.com)  
Phone: 509-592-4447  
Fax: 509-420-7289**