1200 San Pedro NE
Albuquerque, NM 87110
(505)244 6000

# Mileage Worksheet

FSA participants can be reimbursed for mileage and parking expenses for travel to and from your medical provider. To calculate reimbursement, please complete the following worksheet. You must complete all information and sign this document to certify and authorize your reimbursement. You must also attach evidence of the miles travelled in the form of a map route or directions that include addresses and mileage from a reputable source (e.g. Google Maps, Rand McNally, etc.).

**The medical mileage reimbursement rate for 2024 is 22 cents per mile.**

| Date | Provider Name & Address | Type of Service (medical, dental, vision, prescription) | Number of Miles Traveled | Mileage Rate or Parking Cost | Total Cost |
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| | | | | Total Reimbursement Requested: | |

**CERTIFICATION AND AUTHORIZATION:** I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible deductible expenses incurred by myself or an eligible dependent while I was a participant in the Plan. (Patient & Relationship is assumed to be Self unless otherwise indicated.) I have already received these products and services and confirm that by requesting reimbursement here that I have not and will not seek reimbursement of this expense from any other plan or party. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans and as stated on the website. Use of this service indicates my acceptance of the User Agreement as outlined in my Plan Document.

______________________________________________________ Signature

______________________________ Date