GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF RISK MANAGEMENT

Jed Ross
Chief Risk Officer

Public Sector Workers' Compensation Program

FORM 11 –REQUEST FOR TRAVEL REIMBURSEMENT

Reimbursement regulations can be found at 7 DCMR 150. Reimbursement is allowed for miles driven to authorized medical treatment. This request must be received by ORM within **thirty (30)** calendar days from the date the expense was incurred. The reimbursement rate is based upon the IRS approved rate.

Claimant's Name: _____ **Claimant's Telephone:** _____

Claimant's E-mail: _____ **Claim Number:** _____

Appointment Date	Provider Name	Starting Address	Provider Address	Ending Address	Roundtrip Miles

* If you had any parking receipts please attach when you submit.

CLAIMANT/REP'S SIGNATURE: _____ **DATE:** _____

WHERE TO FILE: You **MUST** file your request with the **Office of Risk Management** **(ORM) by e-mail, mail, fax or in person**. You may file a request in person, weekdays between 8:30 a.m. and 5:00 p.m., or by mail to the following address. You will need photo identification to enter the building:

Office of Risk Management
One Judiciary Square
441 Fourth Street, NW, Suite 800 South
Washington, DC 20001-2714
E-mail: wcsecure@dc.gov
Fax: 202-535-1130

If filed by mail, your request must be received by ORM by the submission deadline.