



Crime Victims Travel Reimbursement Request

- You must have prior authorization from your claim manager. See [WAC 296-20-1103](#).
- Read the instructions on the back of this form before you start.
- Traveling for an Independent Medical Examination (IME)? Find the Crime Victims IME Travel form (F800-115-000) online at www.Lni.wa.gov/go/F800-115-000.

Victims Information (please print clearly)

			Claim Number
Name (Last, First, Middle Initial)		Date of Crime Injury	
Home Address (not PO Box)			
City	State	Zip Code	Phone Number

Travel Information – see instructions and example on the back

Did you attach your expense receipts? Yes No

A. Date (each trip mm/dd/yyyy)	B. Travel Code (one per line – see back of form)	C. From (city)	D. To (city)	E. Provider name & reason for visit	F. Number of miles (roundtrip by shortest direct route only)	G. Expense cost (attach receipts)
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Required – Signature & date of the provider or office staff to verify your appointment

1. _____	Date	5. _____	Date
2. _____	Date	6. _____	Date
3. _____	Date	7. _____	Date
4. _____	Date		

Required – Victim’s Signature

These expenses are related to my victim’s compensation claim and I have not been reimbursed for them. I understand it is a crime to submit information I know is false. I have read and understand the instructions on the next page of this form.

Print Name	Signature	Date
------------	-----------	------

Crime Victims Travel Reimbursement Request Instructions

Complete each column.

- Column A: Date you traveled. Enter one date per line. Use the month/day/year format. Enter two digits for the month and day and enter four digits for the year.
- Column B: Use only one code per line. See the codes listed below.
- Column C: City where you lived on the day you traveled.
- Column D: City you traveled to.
- Column E: Provider you saw and the reason for travel.
- Column F: Total number of miles you traveled roundtrip.
- Column G: Dollar amount of each expense (food, lodging, fares, parking). Enter one expense per line. Parking expenses under \$10 don't require a receipt. All receipts must be itemized and legible. Credit card receipts alone aren't acceptable. You must attach copies of all receipts.

Travel Codes (Column B):

Expense	Billing Code
Private vehicle mileage	0401A
Parking	0402A
Bridge & ferry toll	0403A
Commercial transportation	0405A
Taxi	0414A
Lodging	0406A
Breakfast	0407A
Lunch	0408A
Dinner	0409A

Signatures

- Medical Signature: The provider or office staff you saw must sign to verify each visit date.
- Victim's Signature: You must sign the form for reimbursement.

Example

	A. Date (each trip mm/dd/yyyy)	B. Travel Code (one per line – see back of form)	C. From (city)	D. To (city)	E. Provider name & reason for visit	F. Number of miles (roundtrip by shortest direct route only)	G. Expense cost (attach receipts)
1.	05/12/2022	0401A	Olympia	Seattle	Dr. Smith; post-op visit	120	
2.	05/12/2022	0402A					\$15.00

Need more help or information?

Go to: www.Lni.wa.gov/CrimeVictims or call 1-800-762-3716.