

**SECTION 125 CAFETERIA PLAN
MILEAGE REIMBURSEMENT FORM (2014)
AGNES SCOTT COLLEGE**

ATTACH THIS FORM TO THE CLAIM FORM

USE OF YOUR AUTOMOBILE - INSTRUCTIONS

The standard mileage rate for the use of your car for medical reasons is \$0.235 per mile as authorized by the Internal Revenue Service. You should compute your mileage from your home or office to the doctor/hospital and any parking fees at the bottom of this section. Your total mileage should be multiplied by \$0.235 and, if any fees, added to your healthcare reimbursement form (claim form).

Automobile Mileage	Total Expenses Submitted	
Total Mileage _____ X \$0.235 =	\$	
Parking Fees	\$	
REPORT THIS TOTAL ON YOUR HEALTHCARE REIMBURSEMENT FORM (CLAIM FORM)		
	Total Submitted:	\$

USE OF PUBLIC TRANSPORTATION – INSTRUCTIONS

You may also be reimbursed for the cost to take public transportation to and from the doctor. Your cost for this should be added to your healthcare reimbursement form (claim form).

Public Transportation Costs	Total Expenses Submitted	
\$_____ cost each way x ____ number of trips =	\$	
REPORT THIS TOTAL ON YOUR HEALTHCARE REIMBURSEMENT FORM (CLAIM FORM)		
	Total Submitted:	\$

