



Transplant Mileage Reimbursement Form

Please list the address traveled from and address traveled to, followed by the miles traveled on each date per one-way trip. You will list your return trip on a separate line below. To be reimbursed for your travel, please include the street address, city, state and ZIP code. Please feel free to add additional entries if needed and attach your receipts to this form.

When the form is completed and the receipts are attached, mail it to GEHA Attn: Transplant Claims Adjuster P.O. Box 21542, Eagan, MN 55121.

Member name: _____ GEHA ID#: _____

_____	_____	_____	_____
Date	Starting address	Address traveled to	Total miles
_____	_____	_____	_____
Date	Starting address	Address traveled to	Total miles
_____	_____	_____	_____
Date	Starting address	Address traveled to	Total miles
_____	_____	_____	_____
Date	Starting address	Address traveled to	Total miles
_____	_____	_____	_____
Date	Starting address	Address traveled to	Total miles
_____	_____	_____	_____
Date	Starting address	Address traveled to	Total mile