



### Travel Voucher for Independent Examination

#### Member Information

Member Name:		Member ID:	
KPPA will update contact information for your retirement account based on the details provided below.			
Address:	City:	State:	Zip Code:
Phone (select type) <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Work		Email:	

#### Reimbursement Request: Please enter your mileage, cost of tolls and parking below. You must attach receipts for tolls and parking.

Doctor name:		Date of appointment:	
Address:	City:	State:	Zip Code:
Total mileage from your home address to the doctor's address and back:			
Map used to determine mileage: <input type="checkbox"/> Google Maps <input type="checkbox"/> MapQuest <input type="checkbox"/> Apple Maps			
Cost of Tolls:		Cost of Parking:	

#### Certification

This form and the receipts for reimbursement must be submitted and received by the Kentucky Public Pensions Authority within 15 calendar days of the date of the independent examination or evaluation.

- Mileage shall be based on the distance between the member's home address on file with the Kentucky Public Pensions Office and the location of the independent medical or psychological evaluation.
- Reimbursement for mileage shall be determined by multiplying the total allowable mileage times the IRS standard mileage rate on the date of travel.
- Reimbursement requests for the cost of tolls and parking must include receipts for each.

I hereby certify that the information completed on this form is true and accurate. I acknowledge that I have full understanding that any person who provides a false statement, report, or representation to a governmental entity such as KPPA is subject to the penalty of perjury in accordance with KRS 523.010, et seq. I further acknowledge that if I knowingly submit or cause to be submitted a false or fraudulent claim for the payment or receipt of benefit, I may be liable for repayment of benefits I was not entitled to receive, but also liable for civil payments, legal fees, and costs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### FOR INTERNAL USE ONLY

Total Miles:	<input type="text"/>	<b>X</b>	IRS Mileage Rate:	<input type="text"/>	=	<input type="text"/>
			Cost of Tolls:		=	<input type="text"/>
			Cost of Parking:		=	<input type="text"/>
			Total:		=	<input type="text"/>