



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. Our office will enter the mileage rate and calculate the total payment due. You must attach receipts for tolls and parking.

Mileage _____ x IRS Standard Mileage Rate =

Cost of Tolls: _____

Parking: _____

Total Payment Due:

Certification

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 based on the Kentucky Official Highway Map, mileage software, or the most recent edition of the Rand McNally Road Atlas, whichever is less. If requesting reimbursement for the cost of tolls and parking, receipts for each must be included and returned with this voucher. Written requests and 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.

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: _____