

Send completed form to:
 Minnesota Crime Victims Reparations Board
 Office of Justice Programs
 445 Minnesota Street
 St. Paul, MN 55101
 Fax: 651-296-5787
 Email: dps.justiceprograms@state.mn.us



Mileage Reimbursement Request

Claim No: _____

Victim/Claimant Information:

Name	The reparations program reimburses mileage to medical and counseling appointments that are related to the injury from the crime. Miles are calculated from your home address to the clinic/hospital address and are paid at the current federal mileage rate.
Address	
City, State, Zip	

Travel Information:

	Date (each trip)	Destination Name (clinic/hospital)	Destination Address	Miles (round trip)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

Please call 651.201.7300 to request an additional form, or download at ojp.dps.mn.gov.

These expenses are related to my crime victim's reparations claim and I have not been reimbursed for them by another source. I hereby certify that the information is true and correct to the best of my knowledge.

Victim/Claimant Printed Name	Signature	Date