

Utah Office for Victims of Crime
350 East 500 South, Suite 200
Salt Lake City, Utah 84111
Phone: 801.238.2360
Fax: 801.533.4127
Email: crimevictims@utah.gov

Mileage Reimbursement Request Form

Claimant or Victim's name _____ Claim No. _____

Supporting documentation MUST be provided. Submit with list of appointments from doctors, therapist, court or other crime related travel.

Date	For Who	Reason	Address From	Address To	Miles

I hereby certify under penalty of perjury that this is a true and correct claim for expenses incurred by me as a direct result of the crime upon which this claim is based and that I have not received other payment or reimbursement for the above listed expenses.

Date

Signature

Notice: You may be subpoenaed to court to verify the legitimacy of these expenses. Submit only those expenses to which you can testify under oath are the result of the criminal incident upon which this claim is based.