

PARKING REIMBURSEMENT FORM

NAME _____
HOME ADDRESS _____
HOME/WORK TELEPHONE _____
CLAIM NUMBER (if known) _____
CLAIM REPRESENTATIVE _____
AT SEDGWICK (if known) _____

EXPENSES

DATE	MILEAGE	PARKING

SEND FORM TO:
(Claim Representative, if known, or Dan Olson)
Sedgwick Claims Management Services, Inc.
P. O. Box 46999
Eden Prairie, MN 55344

Sedgwick's toll-free telephone number is 1-800-231-0165.