

# 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.