OH-24383

STATEMENT OF EXPENSES FOR ATTENDANCE AT SPECIALIST EXAMINATION

CLAIM NO. OD 21223-22

CLAIMANT: William Price

ADDRESS: 2848 King Road
N. Kingsville, Ohio
44068

EXAM DATE: 4-18-89

EXAM TIME: 10 AM

Is this a new address? No ✓ Yes ____

Travel Expenses: If the required travel is by automobile and the destination is greater than 50 miles round trip of the claimant's residence then reimbursement shall be at the rate of 22 cents per mile (all rates subject to change) portal to portal, using the most direct and practical route. Taxicab fares will be refunded only where the claimant's physical condition requires such transportation. Special transportation shall be pre-authorized. If claimant is traveling by railroad or bus, claimant shall be entitled to the actual and necessary railroad or bus fare.

Hotels & Meals: The cost of necessary hotels will be paid at actual cost not to exceed $40.00 per night plus applicable taxes. Necessity for hotel accommodation must be pre-authorized. Necessary meals, based on distance traveled round trip, shall be refunded to the claimant, not to exceed the following schedule:

51 - 99 miles: $3.50 (100 - 150 miles: $7.50) over 150 miles: $12.50

MILEAGE SHOULD NOT EXCEED 200 MILES ONE WAY
UNLESS PRIOR AUTHORIZATION HAS BEEN GIVEN BY THE INDUSTRIAL COMMISSION

BUS/TRAIN/(AUTOMOBILE) From: N. Kingsville to Shaker Hts.

BUS/TRAIN/(AUTOMOBILE) From: Shaker Hts to N. Kingsville

TOTAL MILES: 130 X $.22 PER MILE = $ 28.60

MEALS: (BREAKFAST) $ 1.56 (LUNCH) $ 7.61 (DINNER) $ -0-

TOTAL MEALS $ ~~9.17~~ 7.50 (IS THE MAXIMUM), PLUS TOTAL TRAVEL $ 28.60 = $ ~~37.77~~ 36.10

6/13/89

If examination is conducted in a physician's office or hospital, submit the enclosed form by mail to:

INDUSTRIAL COMMISSION OF OHIO
161 S. High Street, 3rd Floor
Akron, Ohio 44308 (216) 379-3550

6-6-89 OK to Reimburse Client ONLY KLB

ARE YOU PRESENTLY EMPLOYED?

No ✓ Yes ____ EMPLOYER & ADDRESS GEN Corp - Akron, OH

The claimant certifies that the above statements are true and that all said sums for traveling expenses were used for the purpose mentioned.

William R. Price
SIGNATURE OF CLAIMANT

-and-

216-224-2366
(AREA CODE) TELEPHONE NUMBER

Kathryn Price
WITNESS

NCRWP (OIC 2001 - MED2) Revised 1/89

RECEIVED
JUN 2 1989
WORKER'S COMPENSATION DEPT.

GENC 002182