**FPDR**
Bureau of Fire and Police Disability and Retirement
1800 SW First Avenue, Suite 250, Portland, OR 97201
fpdr@portlandoregon.gov
Phone: 503-823-6823 | Fax: 503-823-5166

# Prescription and Mileage Reimbursement

**Request must be received by FPDR within 60 days of incurring expense**

## Member Information

| Name (printed) | Email | Phone |
|---|---|---|
| Home address | | |
| City | State | Zip |
| ☐ Fire ☐ Police | Claim Number | Injury date and time |
| Brief description of injury | | |

## Request for prescription reimbursement requires original label and receipt

| RX Fill Date | Medication | Doctor/Provider | Cost |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | Total Cost | |

## Request for mileage

| Travel Date | Destination Name and Address | Miles |
|---|---|---|
| | | |
| | | |
| | | |
| | Total Miles | |

*Applicant's statement: I hereby affirm this request for reimbursement is true and is related to my approved claim.*

Signature _____ Print name _____ Date _____

*FPDR staff: Total mileage _____ x _____ /mile = $ _____* *Grand total due to member* $_____

**Please sign and mail, fax, or email form to FPDR.**