

2475 Village Lane, Suite 302
Billings, MT 59102
www.rmhn.org



PH 406. 238. 6066
FX 406. 238. 6068
TF 866. 275. RMHN

Outreach/Travel Subsidy Mileage Reimbursement Form 2015

Name: _____

Group Practice: _____

Travel Date	Location	Round Trip Mileage 56¢/mile	Reason for Travel

Please fax or send completed form to:
Rocky Mountain Health Network
Attn: Outreach Travel Program
2475 Village Lane, Suite 302
Billings, MT 59102
F (406) 238-6068, cross@rmhn.org