



This Quick Reference Guide (QRG) provides Division of Federal Employees' Compensation (DFEC) and Division of Energy Employees Occupation Illness Compensation (DEEOIC) Claimants and Authorized Representatives (AREP) with instructions to submit travel reimbursement bills and supporting documents online. This guide outlines steps to:

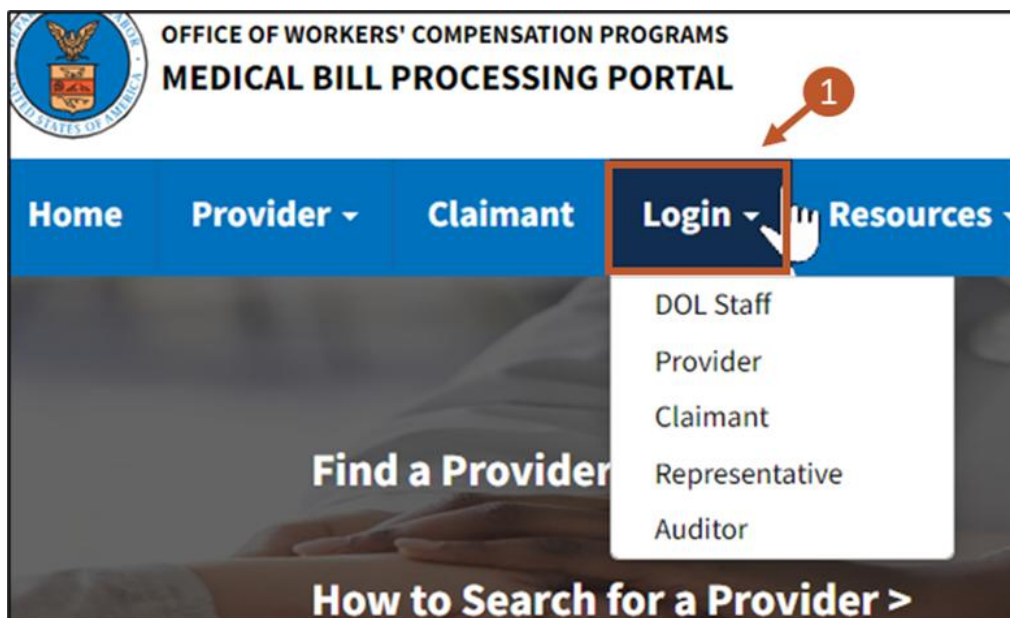
- Access the portal and navigate to the Claimant Travel Bill Inquiry List
- Submit a new travel bill and enter required expense details
- Review or update bills, manage expenses, and upload or delete attachments

Note: *This reference guide is not applicable to the DCMWC program, as DCMWC travel reimbursement forms require a provider's signature. Accordingly, DCMWC claimants must continue submitting their travel bills using paper forms.*

Navigating to the Claimant Portal - From the Medical Bill Processing Portal

For Claimants (Authorized Representatives proceed to [Page 3](#))

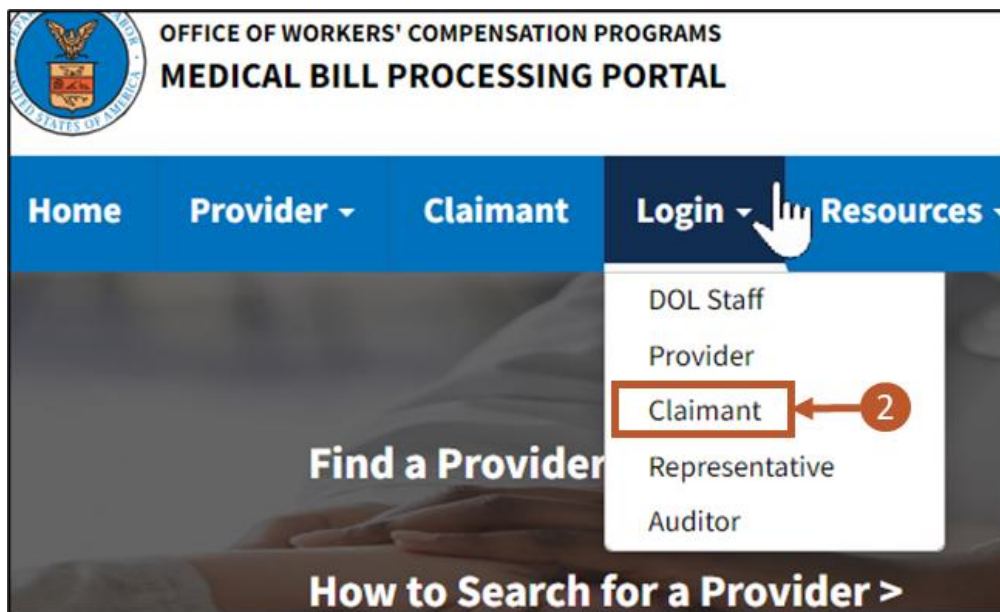
1. From the **OWCP Medical Bill Processing Portal** (<https://owcpmed.dol.gov/>), hover over the **Login** menu drop-down.



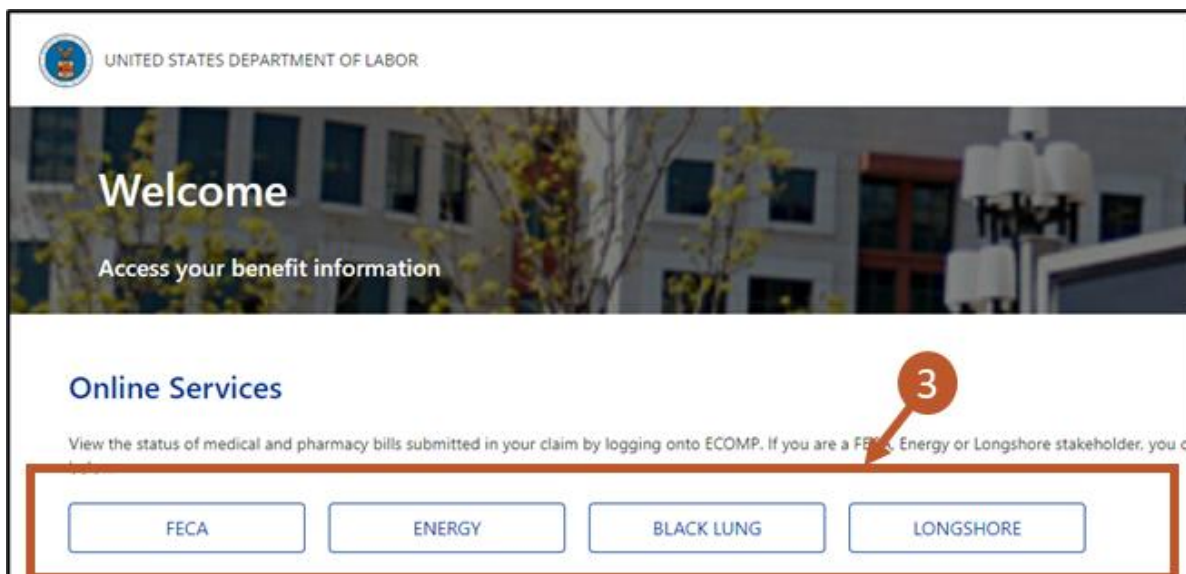


Navigating to the Claimant Portal - From the Medical Bill Processing Portal

2. Select **Claimant**. Another page loads allowing the option to select a program (FECA, Energy, Black Lung or Longshore).



3. Select the applicable program from this page to proceed. The program redirects to **Employees' Compensation Operations and Management Portal (ECOMP)**.





Navigating to the Claimant Portal - From the Medical Bill Processing Portal

The **Sign In** page for the respective program for signing into ECOMP displays.

Sign In

Email or Username

Password

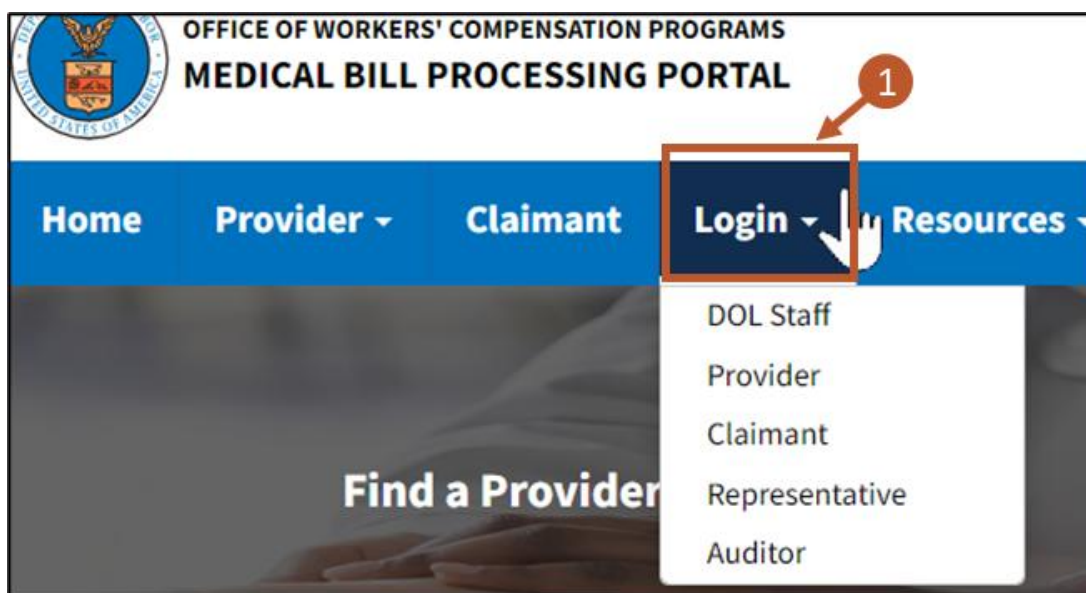
SIGN IN

[Forgot password?](#)

[Need an account? Register](#)

For Authorized Representatives

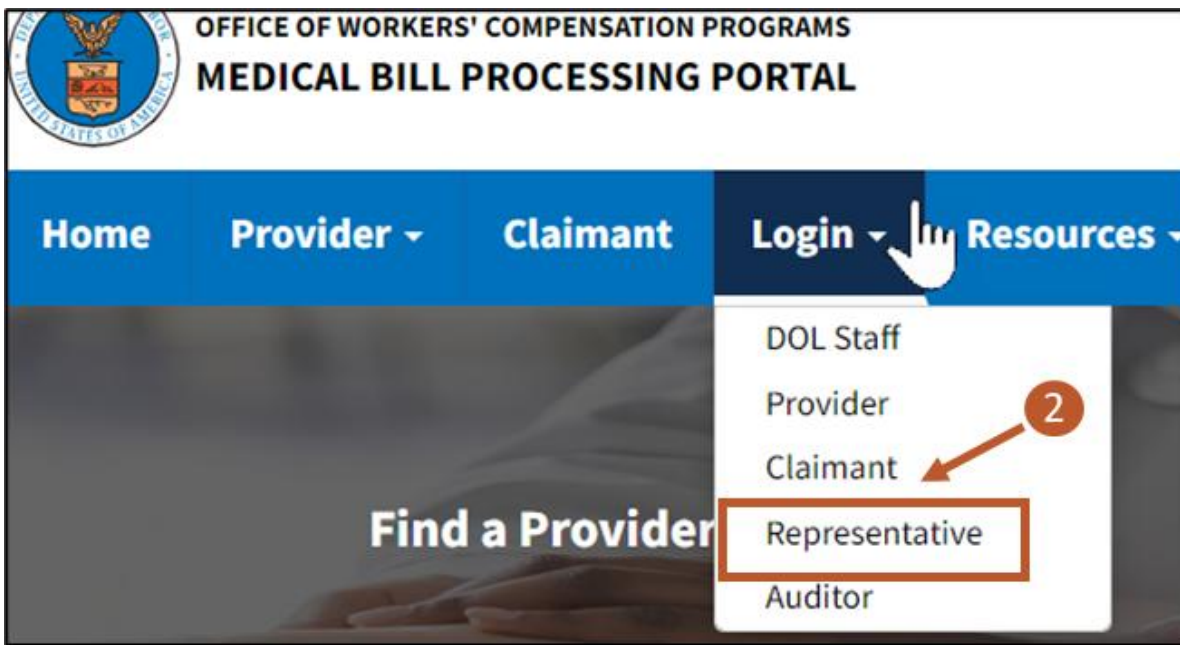
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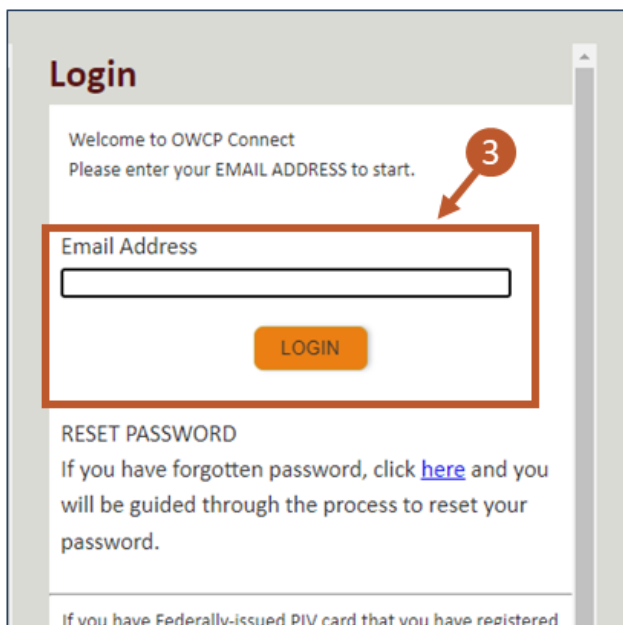


Navigating to the Claimant Portal - From the Medical Bill Processing Portal

2. Select **Representative**.



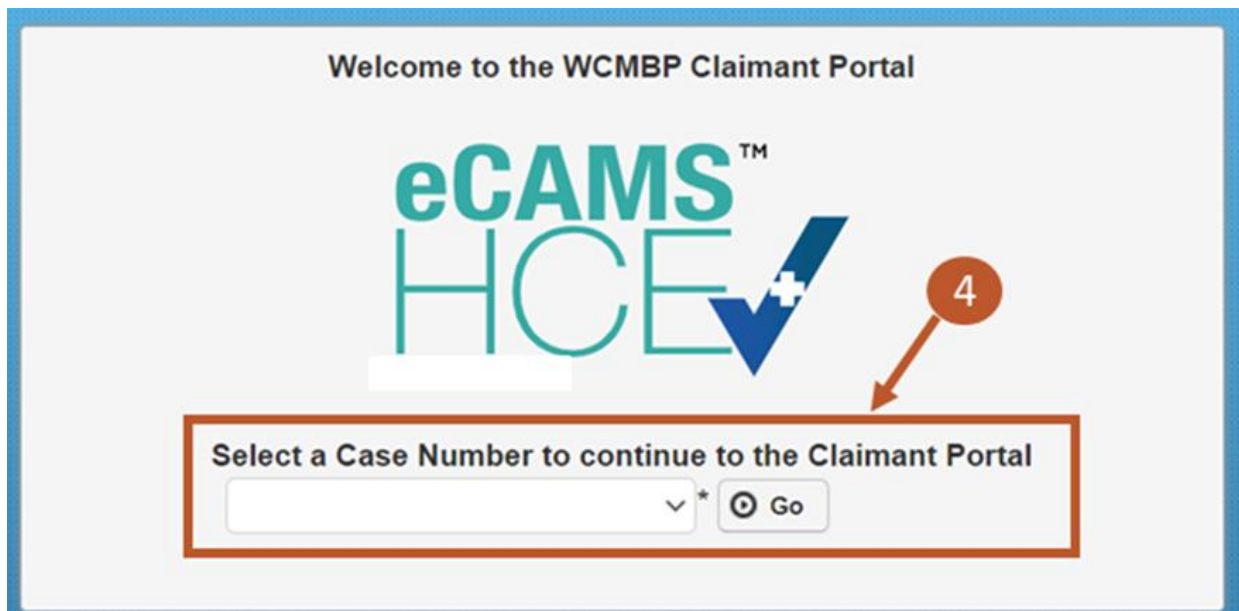
3. The **OWCP Connect** login page loads. Enter credentials to log in.





Navigating to the Claimant Portal - From the Medical Bill Processing Portal

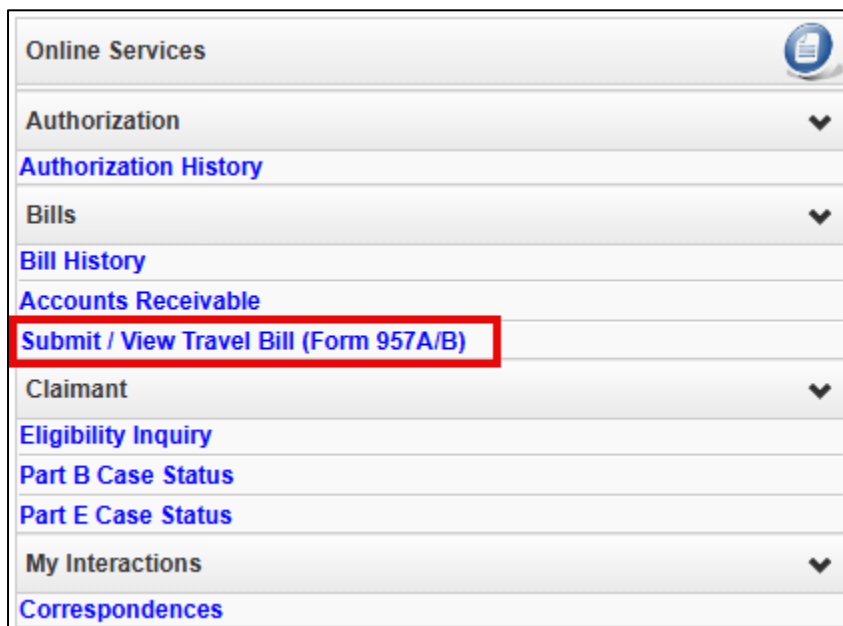
4. Select desired Case Number and select **Go**.



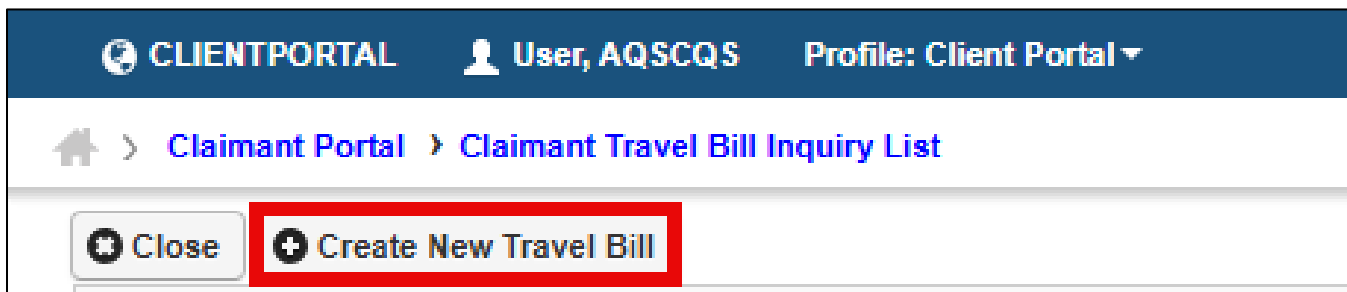


Submitting a New Travel Bill

1. From left navigation menu on the portal home page, select **Submit / View Travel Bill (Form 957 A/B)**. The **Claimant Travel Bill Inquiry List** page displays.



2. Select **Create New Travel Bill**.





Submitting a New Travel Bill

3. To open the **Travel Expense Reimbursement Request** page, select **Add Expense Details**.

Close Save Bill Submit Bill

Program: DEEOIC
Claimant DOB: 01/13/1949

Instructions:
Please Click 'Add Expense Details' button below to enter expense details.
To Modify Expense Details, please click on corresponding 'Line Number' link below.
To Delete Expense Details, please select checkbox and click on 'Delete' button.
Click on 'Save Bill' button above to save the bill for later submission.
After adding all Expense Details, Click on 'Submit Bill' button above to submit bill for processing.
Refer to this link for the detailed 957 form instruction list: <https://www.dol.gov/sites/dolgov/files/OWCP/regs/compliance/OWCP-957B.pdf>
Please click on "Upload / View Attachments" button below to submit supporting documents.

Delete **Add Expense Details** Upload/View Attachments

CLAIMANT'S TRAVEL EXPENSE REIMBURSEMENT REQUEST LIST

4. Enter the required expense details as indicated by an asterisk.

Note: An error may appear if required fields are not completed. Up to five entries per category may be submitted. Attempting a sixth entry triggers an error message. Submit a new bill for additional expenses.

CLAIMANT'S TRAVEL EXPENSE REIMBURSEMENT REQUEST

Date & Travel Trip Details		From Address		To Address		Claimant Details		Companion Details	
From Date: *		Location Name: *		Location Name: *		Expense Type	Expense Amount	Expense Type	Expense Amount
To Date: *		Address Line1: *		Address Line1: *		<input type="checkbox"/> Bus/Train:		<input type="checkbox"/> Airfare:	
Travel Type: *		Address Line2: *		Address Line2: *		<input type="checkbox"/> Taxi:		<input type="checkbox"/> Meals:	
Reason for Travel: *		City/Town: *		City/Town: *		<input type="checkbox"/> Minibus:		<input type="checkbox"/> Lodging:	
Total Miles Travelled (Private auto only): *		State/Province: *		State/Province: *		<input type="checkbox"/> Wheelchair Van:		Other Expenses Details:	
		Zip Code: *		Zip Code: *		<input type="checkbox"/> Airfare:			
						<input type="checkbox"/> Pkg/Tolls:			
						<input type="checkbox"/> Lodging:			
						<input type="checkbox"/> Meals:			
						<input type="checkbox"/> Others:			

OK Cancel



Submitting a New Travel Bill

5. To validate and save the entry, select **Ok**.



Note: The new expense shows up in the list with a system-generated **Line Number** from smallest to largest.

Program: DEEOIC
 Claimant DOB: 01/13/1949

Instructions:
 Please Click 'Add Expense Details' button below to enter expense details.
 To Modify Expense Details, please click on corresponding 'Line Number' link below.
 To Delete Expense Details, please select checkbox and click on 'Delete' button.
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 Please click on "Upload / View Attachments" button below to submit supporting documents.

CLAIMANT'S TRAVEL EXPENSE REIMBURSEMENT REQUEST LIST

<input type="checkbox"/>	Line Number ▲▼	From Date ▲▼	To Date ▲▼	Travel Type ▲▼	Reason For Travel ▲▼	From Address ▲▼
<input type="checkbox"/>	1	10/01/2025	10/01/2025	Round Trip	Medical Appointment	

View Page:

Viewing Page: 1



Deleting an Expense

1. To delete an expense, select the checkbox next to the corresponding expense.

CLAIMANT'S TRAVEL EXPENSE REIMBURSEMENT REQUEST LIST

<input type="checkbox"/>	Line Number ▲▼	From Date ▲▼	To Date ▲▼	Travel Type ▲▼	Reason For Travel ▲▼
<input checked="" type="checkbox"/>	1	10/01/2025	10/01/2025	Round Trip	Medical Appointment

View Page: 1

2. Select **Delete**.

CLAIMANT'S TRAVEL EXPENSE REIMBURSEMENT REQUEST LIST

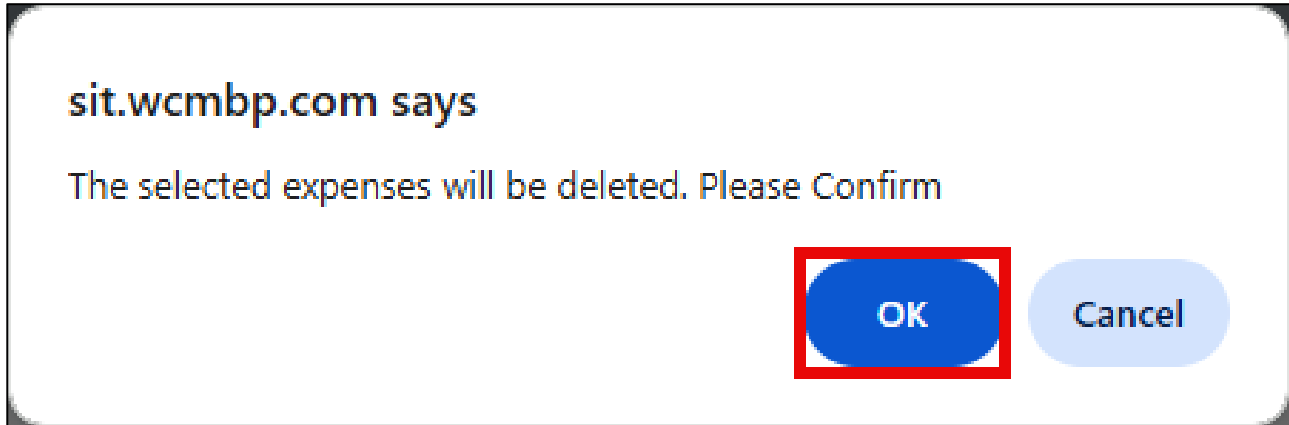
<input type="checkbox"/>	Line Number ▲▼	From Date ▲▼	To Date ▲▼	Travel Type ▲▼	Reason For Travel ▲▼
<input checked="" type="checkbox"/>	1	10/01/2025	10/01/2025	Round Trip	Medical Appointment

View Page: 1



Deleting an Expense

3. To confirm the deletion when prompted, select **OK**.





Viewing and Updating Travel Expenses

1. To edit an expense, select the **Line Number** next to the corresponding expense that needs to be edited.

<input type="checkbox"/>	Line Number ▲▼	From Date ▲▼	To Date ▲▼	Travel Type ▲▼	Reason For Travel ▲▼
<input type="checkbox"/>	1	10/01/2025	10/01/2025	Round Trip	Medical Appointment

View Page: 1 Go + Page Count SaveToCSV

2. Update the details on the **Travel Expense Reimbursement Request** page.
3. To save the changes, select **Ok**.

CLAIMANT'S TRAVEL EXPENSE REIMBURSEMENT REQUEST

Date & Travel Trip Details		From Address		To Address		Claimant Details		Companion Details	
From Date:	<input type="text"/>	Location Name:	<input type="text"/>	Location Name:	<input type="text"/>	Expense Type	Expense Amount	Expense Type	Expense Amount
To Date:	<input type="text"/>	Address Line1:	<input type="text"/>	Address Line1:	<input type="text"/>	<input type="checkbox"/> Bus/Train:	<input type="text"/>	<input type="checkbox"/> Airfare:	<input type="text"/>
Travel Type:	<input type="text"/>	Address Line2:	<input type="text"/>	Address Line2:	<input type="text"/>	<input type="checkbox"/> Taxi:	<input type="text"/>	<input type="checkbox"/> Meals:	<input type="text"/>
Reason for Travel:	<input type="text"/>	City/Town:	<input type="text"/>	City/Town:	<input type="text"/>	<input type="checkbox"/> Minibus:	<input type="text"/>	<input type="checkbox"/> Lodging:	<input type="text"/>
Total Miles Travelled (Private auto only):	<input type="text"/>	State/Province:	<input type="text"/>	State/Province:	<input type="text"/>	<input type="checkbox"/> Wheelchair Van:	<input type="text"/>	Other Expenses Details: <input type="text"/>	
		Zip Code:	<input type="text"/>	Zip Code:	<input type="text"/>	<input type="checkbox"/> Airfare:	<input type="text"/>		
						<input type="checkbox"/> Pkg/Tolls:	<input type="text"/>		
						<input type="checkbox"/> Lodging:	<input type="text"/>		
						<input type="checkbox"/> Meals:	<input type="text"/>		
						<input type="checkbox"/> Others:	<input type="text"/>		



Uploading and Viewing Attachments

1. To upload and view attachments, select **Upload/View Attachments**.

<input type="checkbox"/>	Line Number ▲▼	From Date ▲▼	To Date ▲▼	Travel Type ▲▼	Reason For Travel ▲▼
<input type="checkbox"/>	1	10/01/2025	10/01/2025	Round Trip	Medical Appointment

View Page:

2. Select **Choose File**, then locate and upload the applicable file from your device.
3. Select **Upload**.

Note: The system supports files in TIF, TIFF, or PDF format.

Claimant Bill Control Number: 10211

Attachment

Please select the file to be uploaded

File Name : No file chosen *

Please be sure the supporting documentation/attachments is for this travel expense detail ONLY.
Incorrect supporting documentation/attachments could potentially cause a denial of your Bill or an unintended disclosure of protected health information (PHI).

The acceptable file extensions for the upload are .tif,.tiff,.pdf.
Filename cannot be longer than 50 characters.



Uploading and Viewing Attachments

Note: Uploaded files appear in the **Attachment List** section. Multiple attachments are allowed.

Claimant Bill Control Number: 10212

Attachment

Please select the file to be uploaded

File Name : No file chosen *

Please be sure the supporting documentation/attachments is for this travel expense detail ONLY.
Incorrect supporting documentation/attachments could potentially cause a denial of your Bill or an unintended disclosure of protected health information (PHI).

The acceptable file extensions for the upload are .tif,.tiff,.pdf.
Filename cannot be longer than 50 characters.

Attachment List

<input type="checkbox"/>	Image ID	Image Title	Document Type
<input type="checkbox"/>	ATTCP731610602	Travel Receipt.pdf	Bill Supporting Documents

View Page: 1 Viewing Page: 1

4. To view an attachment, select an **Image ID** from the **Attachment List**.

Attachment List

<input type="checkbox"/>	Image ID	Image Title	Document Type
<input type="checkbox"/>	ATTCP731610602	Travel Receipt.pdf	Bill Supporting Documents

View Page: 1 Viewing Page: 1



Deleting Attachments

1. To delete an attachment, select the corresponding **checkbox** next to the attachment to be deleted.
2. Select **Delete Attachment**.

Claimant Bill Control Number: 10212

Attachment

Please select the file to be uploaded

File Name : No file chosen *

Please be sure the supporting documentation/attachments is for this travel expense detail ONLY.
Incorrect supporting documentation/attachments could potentially cause a denial of your Bill or an unintended disclosure of protected health information (PHI).

The acceptable file extensions for the upload are .tif,.tiff,.pdf.
Filename cannot be longer than 50 characters.

Delete Attachment

Attachment List

<input type="checkbox"/>	Image ID	Image Title	Document Type
<input checked="" type="checkbox"/>	ATTCP731610602	Travel Receipt.pdf	Bill Supporting Documents

View Page: 1 Viewing Page: 1

3. To return to the **Submit New Travel Bill** home page, select **Close**.

Claimant Bill Control Number: 10212

Attachment

Please select the file to be uploaded

File Name : No file chosen *

Please be sure the supporting documentation/attachments is for this travel expense detail ONLY.
Incorrect supporting documentation/attachments could potentially cause a denial of your Bill or an unintended disclosure of protected health information (PHI).





The acceptable file extensions for the upload are .tif,.tiff,.pdf.
Filename cannot be longer than 50 characters.



Reviewing Existing Travel Bills

1. To open the **Travel Bill Inquiry List**, select **Submit / View Travel Bill (Form 957 A/B)** on the left navigation menu.

Note: All existing travel bills will display on the list.

Online Services 
Authorization 
Authorization History
Bills 
Bill History
Accounts Receivable
Submit / View Travel Bill (Form 957A/B)
Claimant 
Eligibility Inquiry
Part B Case Status
Part E Case Status
My Interactions 
Correspondences