

## Workers' Compensation Mileage Reimbursement Request

EMPLOYEE				
EMPLOYEE ADDRESS				
CLAIM#				
DATE OF INJURY				
Date of Visit	Name of Doctor of Facility	Purpose of Visit	Round Trip Mileage	
misrepresentation on m	m indicates a true representation of mileage and n ileage will be considered Fraud under the Ga Work ines and imprisonment under Georgia Statute.	 nedical trips. I unde kers' Compensation	rstand any Statute and	
Signature		Date:	Date:	

Phone: 404-656-6245