Mileage Reimbursement

Name: _____ **Employer:** _____

Complete Address: _____

Date of Injury: _____ **Claim Number:** _____

Date	Location Leaving From	Location Going To	Miles

Total Miles: _____

***All mileage is checked by MapQuest.**
***Mileage is reimbursed at 45 cents per mile.**
***Mileage is paid per calendar year.**
All others will be denied.

Mail to:

Attn: Kaleen Sprague
Charles Taylor
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Phone: 706-983-8436
Fax: 502-489-6430