NAME: _____

DATE OF ACCIDENT: _____

**WORKERS COMPENSATION MILEAGE RECORD**

| DATE | DESTINATION (DOCTOR, HOSPITAL, THERAPY, ETC.) | DEPARTED FROM | RETURNED TO | MILEAGE ROUND-TRIP |
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TOTAL MILEAGE: _____

The worker compensation mileage rate is .51 cents per mile.

Please complete the date, destination, departed from, returned to, and the round trip mileage for appointments to the Dr. or to therapy. Generally mileage from home is not paid, only from work to appointments and if applies, back to work. Reasonable mileage will be paid.

Mileage is paid once all medical documentation that corresponds with the mileage sheet dates has been received and reviewed.

Please contact Risk Management & Safety with any questions.