MILEAGE RECORD

Name: _____
Address: _____

_____

Date of Injury: _____

DATE	DESTINATION AND ADDRESS	TOTAL MILEAGE

By endorsement of this form, the signee is attesting that he/she has received, understands and acknowledges the following statement:
Any person who, knowingly, and with intent to injure, defraud or deceive any employer or employee, insurance company or self-insured program, files a statement of claim containing any false or misleading information commits insurance fraud, punishable as provided by law.

_____
SIGNATURE