CONTRA COSTA COUNTY SCHOOLS INSURANCE GROUP

MILEAGE RECORD

NAME: _____ DISTRICT: _____

ADDRESS: _____ DATE OF INJURY: _____

_____ CLAIM #: _____

Labor Code Provides Upon Receipt within 60 Days

Date of Appointment	Location Traveled From: Name/Address	Location Traveled To: Name/Address	Location Returned To: Name/Address	Total Round Trip Mileage

Total Mileage:_____ x $.51 = $_____

Every effort will be made to promptly reimburse the mileage recorded. Please understand that we are required by Workers' Compensation Regulations to have confirmation of the appointment attended from the medical service provider prior to issuing the mileage reimbursement.

SEND TO:

Contra Costa County Schools Insurance Group
550 Ellinwood Way, Pleasant Hill, CA 94523
Phone: 1 (866) 922-2744 ~ Fax: 1 (925) 692-1137
www.cccsig.org