

Claim number / Numero de reclamo

If you have to travel to get treatment for your work injury, you are entitled to re-payment of your travel costs. The mileage rate is 54 cents (\$.54) per mile. Mileage for reasonable travel to the pharmacy, parking, bridge tolls, public transportation and other travel-related costs are also included. Complete this form. Attach receipts. Send the original to the insurance company and keep a copy. **Do not** send the original or a copy to the local Workers' Compensation Appeals Board (WCAB) or the information and assistance officer. If your travel costs are not paid within 60 days, contact the information and assistance officer.

Date/ Fecha	Traveled from (include address) Viaje desde (incluya direccion)	Traveled to (include name and address of doctor, hospital, therapist, etc.) Viaje a (incluya nombre y direccion del medico, hospital, terapeuta, etc.)	Round trip mileage/ Millaje viaje redondo	Parking/ Estacion- amiento	Tolls/ Peaje
Sample: 1/1/16	Sample: 1515 Maple, San Francisco	Sample: Dr. Sherman, 190 Oak, San Francisco	Sample: 14 mi	Sample: \$2.50	Sample: \$
California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.		Total miles		x \$.54 / mile =	\$
				Total parking	\$
				Total tolls	\$
				Total reimbursement requested	\$
Las Leyes de California establecen que la siguiente declaraciónaparezca en este formulario: Cualquier persona que a sabiendas presente reclamos falsos or fraudulentos para el pago de una pérdida, sera culpable de un delito y se le podría multar y encarcelar en la penitenciaría estatal.		Signature / Firma			
		Printed name / Imprima su nombre			
		Date / Fecha			