## GEORGIA ADMINISTRATIVE SERVICES WORKERS' COMPENSATION - MILEAGE CLAIM

PLOYEE NAME:_	EMPLOYER:	
ME ADDRESS:	GAS CLAIM #: DATE OF INJURY:	
ME PHONE #:		
DATE	List trip taken below: (examples Home to (name) Hospital; Home to Dr. (name) and return home; Office to Dr. (name) and return home, etc)	Round-trip Daily Mileage
		N. S. A.
		9
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4	TOTAL MILEAGE	
	TOTAL MILEAGE TIME .40 EACH \$	
tify that the abo	ove information furnished by me is true and correct and based on such information, cated.	I hereby claim
Signature	of Employee Date	