

GEORGIA ADMINISTRATIVE SERVICES
1775 Spectrum Drive Suite 100 Lawrenceville, GA 30043
WORKERS' COMPENSATION MILEAGE CLAIM

NAME: _____

EMPLOYER NAME: _____

HOME ADDRESS: _____

GAS CLAIM #: _____

HOME PHONE #: _____

DATE OF INJURY: _____

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	Odometer reading start	Odometer reading end	Total mileage (round trip)