WORKERS' COMPENSATION MILEAGE REPORT

Please Read Instructions:

Record your mileage from your home or work (depending on the point of departure) to the Doctor's office, hospital, etc., and back, for all visits you have made. Total the mileage and mail this form along with any unpaid bills for drugs or medical treatment to NORTH BAY SCHOOLS INSURANCE AUTHORITY. Your mileage will be reimbursed at the current statutory rate of $.50 per mile for travel on or after 1/1/10.

Name:		**SS#:**	
Address:		**DOI:**	
Employer:		**Claim #:**	

Date	Reason for Trip	To/From	Round Trip Mileage
		TOTAL MILEAGE:	

FOR NBSIA USE ONLY DO NOT WRITE BELOW THIS LINE

	Total Miles:	***x .50 =***	

NORTH BAY SCHOOLS INSURANCE AUTHORITY
380 CHADBOURNE RD., SUITE A
FAIRFIELD, CA 94534
(707) 428-0824
Fax:(707) 428-1848