

Claim number / Número 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 65.5 cents (\$0.655) 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) Viajó desde (incluya dirección)	Traveled to (include name and address of doctor, hospital, therapist, etc.) Viajó a (incluya nombre y dirección del médico, hospital, terapeuta, etc.)	Round trip mileage/ Millas del viaje entero	Parking/ Estacionamiento	Tolls/ Peajes
Sample: 01/01/23	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 / Número de millas viajadas en total		x \$0.655 / mile =	\$
				Total parking/Estacion- amiento pagado en total	\$
				Total tolls/Peajes pagados en total	\$
				Total reimbursement requested/ Reembolso solicitado en total	\$
Las Leyes de California establecen que la siguiente declaración aparezca en este formulario: Cualquier persona que a sabiendas presente reclamos falsos o fraudulentos para el pago de una pérdida, es culpable de un delito y podría ser sujeto a multas y encarcelamiento en una prisión estatal.		Signature / Firma			
		Printed name / Imprima su nombre			
		Date / Fecha			