



THE COMMONWEALTH OF MASSACHUSETTS

Department of Industrial Accidents

1 Congress Street, Suite 100
Boston, Massachusetts 02114-2017

DEVAL L. PATRICK
Governor

TIMOTHY P. MURRAY
Lieutenant Governor

**Office of General Counsel
Workers' Compensation Trust Fund
Mileage Voucher**

Note: Tolls/lunches/car maintenance are not allowed
Authorized Signature – the person with whom the meeting occurred,
e.g. health care provider, client, instructor, etc.

Certified Provider	Name of Employee	D/A Board #	Name of Employer	Date Prepared	Authorized Signature
Date	Destination/Explanation	Odometer Begin and End	Mileage	Total	
				Total Miles	

Instructions – Fill in all columns at indicated.

Last Column – authorized signature required from the person whom the service was received

I hereby certify under the penalty of perjury that the above amounts as itemized are true and correct, were incurred by me during necessary travel.

I hereby certify that this travel was necessary and authorized.

Signed _____
Traveler

Approving Authority

Date