

265 E. Donovan; Santa Maria, CA 93454
Phone (805) 922-9157 Fax (805) 349-2816

You are entitled to reimbursement for your mileage while seeking medical treatment for your work injury. You may submit this form to WCA when you would like your mileage reimbursed.

Date of Treatment	Traveled From	Traveled To	Round Trip Mileage
Example: 1/1/2014	Home	Dr. Smith	2.50
	123 Main Street, Anytown, CA	123 Broadway, Anytown, CA	
		Total Miles:	
		*Rate per Mile:	
		Reimbursement Request:	

"I declare under the penalty of perjury that the information contained above is true and correct."

Date of Injury:

Claim Number: _____

Date: _____