

WORKERS' COMPENSATION MILEAGE LOG
Risk Management Department
Lincoln Public Schools

Phone: 402-436-1760
Fax: 402-458-3276

By completing this form, I understand I will need to come to the District Office if the dollar amount is less than the minimum District required amount to be reimbursed by check.

Date	To/From	Odometer Reading		(or)	Total Mileage
		Begin Mileage	End Mileage		

Return form by the first of the month to:

Lincoln Public Schools or Inter-Office Mail
Risk Management Box 14
5905 O Street LPSDO
Lincoln, NE 68510

Upon approval of your claim, you will be reimbursed for the total mileage.

I certify that the mileage noted above is true and correct and that the trips were necessary as a result of a work-related injury.

Employee Signature

Date

Date of Injury

Employee ID #