Redwood Empire
Schools' Insurance Group
5760 Skylane Boulevard, Suite 100 Windsor, CA 95492
Phone (707) 836-0779 Fax (707) 836-9479

Mileage Reimbursement Request

TRAVELED FROM (Home/Work/ETC.)	TRAVELED TO (Name of Facility	DATE OF VISIT	MILEAGE ROUNDTRIP

TOTAL MILES _____

Please complete the following:

NAME _____ CLAIM NO. _____
ADDRESS: _____
DATE OF INJURY: _____ DISTRICT _____

Signature required for payment.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

Signature

Mileage reimbursement requests must be submitted no less than *every ninety (90) days.* Late submissions will result in significant delays in your reimbursements.