

WORKERS COMPENSATION REQUEST FOR MILEAGE REIMBURSEMENT

CLAIM NUMBER:

EMPLOYER:

DATE OF ACCIDENT:

CLAIMANT:

DATE OF TRIP	ADDRESS FROM	DESTINATION	PARKING/TOLLS (Receipt must be included)	NUMBER OF MILES ROUND TRIP

ATTENTION:

travelers.com

The Travelers Indemnity Company and its property casualty affiliates. One Tower Square, Hartford, CT 06183

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