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DOI:

RECORD OF MILEAGE INCURRED AS A RESULT OF INJURY

Date:	Provider:	Departure Address:	Destination:	Mileage:

Total Miles Traveled Due to Claim:

Current Travel Reimbursement Rate (https://fmx.cpa.state.tx.us/fm/travel/travelrates.php)
Total (miles X rate):
If more than one sheet needed, please tally up the amount on each sheet individually.