Employee
Employer CSU Fullerton
Claim #
Date of Injury

You are entitled to reasonable reimbursement of medical travel expenses incurred because of your industrial injury. The mileage reimbursement rate is 50.5 cents per mile for travel from January 1, 2008 through June 30, 2008, 58.5 cents per mile for travel from July 1, 2008 through December 31, 2008, 55 cents per mile for travel from January 1, 2009 through December 31, 2009, 50 cents per mile for travel from January 1, 2010 through December 31, 2010, 51 cents per mile for travel from January 1, 2011 through June 30, 2011, and 55.5 cents per mile on or after July1, 2011. Please record the dates of your appointments and round trip mileage to and from your doctor's office, trips to the hospital, or for trips to obtain x-rays, medication or lab tests. If you need more space, please use the back of this sheet or attach another.

When attaching parking, taxi, bridge toll, etc. receipts, please take the time to attach them to a separate piece of paper which clearly displays your name at the top. At the end of the month or when the doctor discharges you, please total the mileage and mail it to Sedgwick Claims Management Services, P.O. Box 14629, Lexington, KY 40512-4629.

If you have any questions, please do not hesitate to call me at (916)851-8057.

DATE	**TRAVELED FROM** (Address)	**TRAVELED TO** (include name and address of Doctor, Therapist, Hospital, Etc.)	**ROUND TRIP MILEAGE**	**PARKING** (include receipt)
Sample 01/01/08	*7755 Maple Street San Diego, CA 92137*	*Dr. Smith 378 Main Street San Diego, CA 92101*	*12*	*1.50*
		Total Miles		
		X	.555	Total Parking
		$		
		Total Reimbursement $		

This is a true and accurate account of my expenses. I am aware that it is a felony for any person to knowingly misrepresent any fact in order to obtain workers' compensation benefits.

SIGNATURE: _____ **DATE:** _____