



Department of Employee Relations

**Tom Barrett**  
Mayor

**Maria Monteagudo**  
Director

**David Heard**  
Fire and Police Commission  
Executive Director

**Michael Brady**  
Employee Benefits Director

NAME \_\_\_\_\_

DEPT. \_\_\_\_\_

DATE OF INJURY \_\_\_\_\_

FILE NO. \_\_\_\_\_

WORKER'S COMPENSATION MILEAGE RECORD

EXAMPLE

DATE	DEPARTURE (NAME AND ADDRESS ) TO DESITNATION (NAME AND ADDRESS)	MILEAGE AT DEPARTURE	MILEAGE UPON RETURN	ROUND TRIP MILEAGE
03/10/90	106 S. Doe Street (work) to St. Joseph's Hospital (5000 Chambers Street)	53,051	53,061	10
03/11/90	103 S. Russell (home) to Dr. Jones (1000 S. Comp. Ave.)	53,121	53,131	10

PLEASE LIST MILEAGE BELOW

DATE	DEPARTURE (NAME AND ADDRESS ) TO DESITNATION (NAME AND ADDRESS)	MILEAGE AT DEPARTURE	MILEAGE UPON RETURN	ROUND TRIP MILEAGE

PLEASE LIST MILEAGE BELOW

DATE	DEPARTURE (NAME AND ADDRESS ) TO DESITNATION (NAME AND ADDRESS)	MILEAGE AT DEPARTURE	MILEAGE UPON RETURN	ROUND TRIP MILEAGE

TOTAL MILEAGE \_\_\_\_\_