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## TRANSPORTATION (MILEAGE) EXPENSE RECORD INSTRUCTIONS

You are entitled to mileage reimbursement after January 1, 2012 at the rate of \$.555 per mile, and after January 1, 2013 at the rate of \$.565 per mile, and after January 1, 2014 at the rate of \$.56 per mile, and after January 1, 2015 at the rate of \$.575 per mile, and after January 1, 2016 at the rate of \$.54 per mile, and after January 1, 2017 at the rate of \$.535 a mile, and after January 1, 2018 at the rate of \$.545 per mile, and after January 1, 2019 at the rate of \$.58 per mile, and after January 1, 2020 at the rate of \$.575 per mile, and after January 1, 2021 at the rate of \$.56 per mile, and after January 1, 2022 at the rate of \$.585 per mile, and after January 1, 2023 at the rate of \$.585 per mile for miles traveled for medical treatment and all doctor appointments related to your work injury or illness. To be reimbursed, you must record the date, the doctor's name and round-trip mileage on the attached form. The information must be accurate. If you run out of space, use another sheet of paper and fill it out the same way as this form or you can log on to www.geklaw.com to print off copies of the mileage reimbursement forms. Keep these instructions for future use. We recommend that you submit your mileage reimbursement every 30 to 60 days.

- Complete the upper portion of the attached form and make three (3) copies.
- Send a copy directly to the insurance carrier. Note the date you mailed it.
- Send this office a copy for your file.
- Keep a copy for your records.

Please be advised that the insurance company has approximately sixty (60) days to pay this reimbursement from their receipt of this documentation.

Date 1	Mailed:				
Fecha	Enviado:	_			
Γο: Δ·			WCAB No.:  Date of Injury:  Fecha de Accidente: Claim No.:		
Α.					
From	<b>:</b>				
De:					
RE: _ REF:					
KET.	TRANS	SPORTATION EXPENSE	RECORD/RECO	ORD DE MILLAJE	
	DATE/FECHA			ROUND TRIP MILEAGE VIAJE REDONDO	
	TOTAL MILE	ZSx \$	PER MILE	= \$	