York Insurance Services Group, Inc.

MILEAGE LOG

NAME:_____

EMPLOYER:_____ CLAIM NO:_____

DATE	DESTINATION	PURPOSE	MILEAGE

DATE:_____ TOTAL:_____

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. I declare under penalty of perjury that the above is true and correct.

SIGNED:_____

ADDRESS:_____

313 East Foothill Boulevard • Upland, CA 91768-3952 • (909) 608-7171 • Fax (909) 608-7165