Pursuant to LSA-R.S. 23:1208, any person who willfully makes a false statement or representation "for the purpose of obtaining any benefit or payment" shall "forfeit any right to compensation benefits under this Chapter."

WORKERS' COMPENSATION MILEAGE FORM

Name: _____ Date of Injury: _____

Home Address: _____ SSN: _____

Employer: _____

Date	List trip taken below, such as: home to name of hospital, home to name of doctor, office to name of doctor, and return to office or home, etc.	Round Trip Daily Mileage
	INTERNAL USE ONLY: **Total Mileage times Mileage Rate**	**$**

I certify that the above information furnished by me is true and correct.

_____ _____

Signature Date