**Office of General Counsel Workers’ Compensation Trust Fund   
Mileage Voucher  
Note: Tolls/lunches/car maintenance are not allowed   
Authorized Signature – the person with whom the meeting occurred, e.g. health care provider, client, instructor, etc.**

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| Certified Provider | Name of Employee | DIA  Board # | Name of Employer | Date Prepared | Authorized  Signature |
| Date | Destination/Explanation | Odometer  Begin and End | Mileage | Total |  |
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|  |  |  |  | Total Miles |  |

**Instructions – Fill in all columns at indicated. Last Column – authorized signature required from the person whom the service was received.**

**I hereby certify under the penalty of perjury I hereby certify that this travel that the above amounts as itemized are was necessary and authorized. true and correct, were incurred by me during necessary travel.**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   
 Traveler Approving Authority Date