DeKalb County School District

Claim #:_____ **Phone #: _____**

DeKalb County Bd. Of Education
1701 Mountain Industrial Boulevard **Attn: Worker' Comp. Claims**
Stone Mountain, GA 30083-1027
Email request to: Workerscompensation@dekalbschoolsga.org

KINDLY SUBMIT NO MORE THAN ONCE PER MONTH.
MAKE ADDITIONAL COPIES OF THIS BLANK FORM FOR YOUR FUTURE REQUESTS.
PLEASE NOTE THAT WE WILL VERIFY THE ACCURACY OF YOUR MILEAGE CLAIM.

MILEAGE / PARKING REIMBURSEMENT

Employee Name: _____ **Date: _____**
Social Security No: _____ **Date of Injury: _____**
Address: _____
City: _____ **State: _____** **Zip Code: _____**

IF YOU ARE CLAIMING PARKING, YOU MUST PROVIDE A COPY OF ALL PARKING RECEIPTS
------ ALL INCOMPLETE FORMS WILL BE RETURNED ------

Date	Location's Name & Complete Starting Address	Doctor's Name & Complete Ending Address	Reason for Visit	Parking	Total Miles Roundtrip

Total Miles x .40¢ RATE = SUBTOTAL + PARKING = TOTAL

Total Due $ _____

Revised 6/10/2023

Signature _____ Date _____