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INSURED:				
CLAIMAN'	Γ:			
CASE/DOC	KET #:			
		MEDICAL MILEA	GE FORM	
DATE	FROM (LOCATION)	TO (LOCATION)	TOTAL MILES	PURPOSE OF TRIP
certify that	this is a true statement of mileas	ge on the above captioned cla	aim.	
igned.				
ubmit milea	ge claim to:			

Attn: