Todd E. Copeland & Associates, P.A.

Todd E. Copeland
Attorney At Law

338 North Magnolia Avenue
Suite D
Orlando, Florida 32801

Office: 407-849-3693
407-849-3692
Fax: 407-849-3691

Mileage Claim Form

Name:_____Date of Accident:_____

Return to: Todd E. Copeland & Associates, P.A.

Date of treatment	List Trips taken such as "home to (name of) hospital", "home to (name of) doctor", etc.	Round-trip Daily Mileage

Total mileage: _____

I certify that the above information furnished by me is true and correct and based on such information, I hereby claim pay for the mileage as indicated.

_____ _____

Signature Date