FARA®

F. A. Richard & Associates, Inc.

MILEAGE LOG

NAME: _____ ***CLAIM #:*** _____

DATE	*From (Home/Work)*	*Destination/ Purpose*	*To (Home/Work)*	*Total Miles*

TOTAL MILEAGE_____

TOTAL MILEAGE TIMES ___ _____

Any person who, knowingly and with intent to injure, defraud, or deceive any employer or employee, insurance company, or self-insured program, files a statement of claim containing any false or misleading information is guilty of a felony of the third degree.

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