AFA-CWA-OJI
Medical Mileage Expense

Flight Attendant's Name _____ Emp. # _____

Date of Injury _____ Claim # _____

To calculate Total $ use these figures: .2009 $0.24 per mile

DATE	DR./PT APPOINTMENT	ROUND TRIP MILES	TOTAL $

8011 34th Ave. South Bloomington MN. 55425 T: 1-866-795-4232 F: 952-814-9104 W: www.nwaafa.org