THE SMALL FIRM

Name: _____

D/A: _____

Claim Number: _____

MILEAGE STATEMENT

DATE OF TRIP	FROM	TO	TOTAL MILES

424 Main Street
The Liberty Building
Suite 1904
Buffalo, New York 14202

www.thesmallfirm.com
csmall@thesmallfirm.com
(716) 847-2600