

TRAVELLING EXPENSES CLAIM



Claim number

Employer (print)

Date	From	To	Distance KM	Fare	Purpose ie. medical treatment appointment etc.
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
/ /				\$	
			Total	\$	

NOTE: Pursuant to the Workers' Compensation Act, only the reasonable cost of fares or expenses may be claimed (i.e. Public Transport fares, where available).

I declare that the above is a true account of expenses incurred by me in travelling as a result of my injury.

Claimant

Signature