



WORKSAFE VICTORIA

WORKER REIMBURSEMENT REQUEST

Please use this form when requesting reimbursement of your claim related expenses

January 2017

Your Name

Claim Number

This reimbursement request includes: *(tick one or both as relevant)*

- Medical expenses** (securely attach invoices/receipts)
- Travel expenses** (complete the table below & securely attach supporting documents)

For Travel Related Expenses: *(additional space is provided on page 2 if required)*

Date	Provider's Name (Treating Practitioner)	Address		Method of travel (car, public transport, taxi)	Zones travelled (public transport) &/or Km travelled / parking / tolls (private vehicle)	Cost ¹
		From	To			
E.g.: 01/07/16	Dr Smith	123 High St Brunswick	385 Bourke St Melbourne	Car	6km	\$1.80

Further Information about Travel Reimbursements

- Reimbursement is for reasonable travel expenses incurred by a worker to attend medical and hospital services required as a result of an accepted work-related injury or illness, including reasonable costs associated with:
 - private motor vehicle (\$0.30 per km), including road tolls (on receipt of supporting documentation) and car parking (up to \$15 of parking costs can be reimbursed without a receipt)
 - public transport (up to the daily fare for zones or V/Line trip travelled)
 - in some cases, the taxi travel to and from your treatment
- Requests for travel expense reimbursements are required to be submitted within 6 months of date of travel
- If your claim has not been accepted, reimbursement can only be made for travel to and from Medical assessments arranged by your Agent

For more information about WorkSafe's Travel Expenses policy, please go to worksafe.vic.gov.au/policies and click on *Travel Expenses for Medical and Hospital Services Policy*.

Worker Declaration

I declare that the details I have given on this form are true and correct and relate to travel required to attend medical and/or hospital services required for my accepted work-related injury or illness. I understand that it is an offence to provide false or misleading information.

Your Signature

Date

Print name

Please return your completed form and any attachments to the Agent managing your claims (by mail or email)
If you have any queries regarding these expenses, please contact your Agent

Travel Expenses: (continued from page 1)

Your Name

Claim Number

Date	Provider's Name (Treating Practitioner)	Address		Method of travel (car, public transport, taxi)	Zones travelled (public transport) &/or Km travelled / parking / tolls (private vehicle)	Cost¹
		From	To			
E.g.: 01/07/16	Dr Smith	123 High St Brunswick	385 Bourke St Melbourne	Car	6km	\$1. 80