

TRAVELLING EXPENSES CLAIM

Worker's Name

Date	Travel From	То	Purpose of Travel	Distance (km)	Fare (\$)
			тот		

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

Date

Signature

Allianz Australia Insurance Limited ABN 15 000 122 850, ASFL 234708 P 1300 130 664 F 1300 130 439 GPO BOX K772 WA 6842