



WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Halifax Office
 5668 South Street
 PO Box 1150
 Halifax, NS B3J 2Y2
 1-800-870-3331 toll free
 902-491-8999 local
 902-491-8001 fax

Sydney Office
 404 Charlotte Street
 Suite 200
 Sydney, NS B1P 1E2
 1-800-880-0003 toll free
 902-563-2444 local
 902-563-0512 fax

Vocational Rehabilitation Travel Expense Form

If you are participating in a vocational rehabilitation program or service for which travel is required, the WCB may reimburse travel-related expenses. Expenses are reimbursed based on the most economical and appropriate means of transportation.

Claim Number:

▪ **Reimbursement for Pre-approved Travel:**
 (original receipts required)

Mileage \$0.4423/km
 (Effective: April 1st, 2015)

Meals \$8.00 Breakfast
 \$15.00 Lunch
 \$20.00 Dinner
 (Effective: July 10th, 2013)

Workers may be reimbursed for kilometers traveled **in excess** of their regular pre-injury travel to the workplace. Therefore, if you travel by personal vehicle, multiply the difference in mileage by \$0.4423/km, and enter the amount in the **Expense Amount** column below. In situations where an alternate method of transportation is used, **actual costs** may be reimbursed if they are more economical and appropriate. If you use transportation other than a personal vehicle, insert the actual cost in this column.

All travel expenses must be pre-approved by a Case Manager. Original receipts must accompany this expense form, where required.

Please complete this form monthly, and return it to the WCB for reimbursement.

Worker's Last Name Given Name Phone Number

Address Postal Code

Please list expenses below. Use extra page(s), if required. Attach original receipts.

	Date and Time of Trip D M Y Time	Reason for trip	Expense Type OR Method of Travel	Kilometers Traveled			Expense Amount
				Pre- Injury (A)	Post- Injury (B)	Diff (B-A)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
				Total expenses incurred			

I declare the above information is true and correct.

 Worker's Signature

 Date

For office use only

Indicate appropriate expenses, MA codes and amounts in this space.