

# Travel Expense Form

**Claim Number:**

*NOTE: Use one form per claim number.*

Fax completed form to 902.491.8001 or mail to PO Box 1150, Halifax, NS B3J 2Y2.

WORKER INFORMATION		
Worker's Last Name:	First Name:	Initial:
Address:		City/Town/Prov.:
Home/Cell Phone:		Postal Code:

TRAVEL INFORMATION – Please complete fully or it may be returned							
	Appointment Date/Time	Travel From <i>(specify civic address)</i>	Travel To <i>(specify civic address)</i>	Purpose of the trip and who did you see?	Total Kms* <i>(return trip)</i>	Other Expenses**	
						Meals	Travel
<b>EXAMPLE</b>	March 1, 2014 11:00 am	245 Willow Ave., New Glasgow NS	QEII Hospital, 5820 University Ave., Halifax NS	X-ray left knee Dr. Smith	322 Km	<input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input checked="" type="checkbox"/> Toll: \$2.00 <input checked="" type="checkbox"/> Parking: \$5.50 <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
<b>1</b>						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
<b>2</b>						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
<b>3</b>						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
<b>4</b>						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
<b>5</b>						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
<b>6</b>						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
<b>7</b>						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
<b>8</b>						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant

\* The WCB may confirm distance by using web-based mapping, such as, Google Maps.

\*\* In some cases the WCB may ask for receipts.

The information provided on this form is true and accurate. The travel details provided are directly related to my WCB claim. I understand travel claims may be subject to audit.

Worker's Signature: \_\_\_\_\_

Date: \_\_\_\_\_