

Please PRINT in black ink.

Claim Number (mandatory)

A. Worker Information

Last name		First name		Initial
Current address		City	Province	Postal Code
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Home phone ()		Work phone ()

B. Travel Expense Section

- Please provide all information requested and complete **ALL** calculations.
- All original travel related receipts (i.e. parking, taxi) **MUST** be submitted with this form.
- Incomplete or missing information may result in form being returned to you and/or delay the processing of your payment.

Date (mm/dd/yyyy)	Travel Destination Address	Reason for Travel	Taxi or Public Transit Amount (\$)	Personal Mileage (kms) kilometers (roundtrip)	Parking Amount (\$)	Meals B - Breakfast \$ L - Lunch \$ D - Dinner \$	Treating Agency Signature
	From:					B - \$	
	To:					L - \$	
						D - \$	
	From:					B - \$	
	To:					L - \$	
						D - \$	
	From:					B - \$	
	To:					L - \$	
						D - \$	
	From:					B - \$	
	To:					L - \$	
						D - \$	
	From:					B - \$	
	To:					L - \$	
						D - \$	
	From:					B - \$	
	To:					L - \$	
						D - \$	

Mileage Rates: Before 01Jan2001 (\$0.22/km)
Between 01Jan2001 to 31Dec2005 (\$0.34/km)
After 01Jan2006 (\$0.37/km)

TOTALS:

A.	B. (rate X km)	C.	D.
\$	\$	\$	\$
Total of Expenses (A + B + C + D)			\$

C. Worker Declaration

I hereby certify that the information provided on this form is true, accurate and complete, and that the travel details provided were incurred by myself and are directly related to my WSIB related claim. I agree to provide all original receipts to the WSIB. I also authorize the release of any information to the WSIB relating to the travel details and expenses listed on this form.

1. If traveling other than by personal vehicle or public transit, please obtain and provide all receipts.
2. If public transportation is available but alternate mode is chosen, the equivalent of public fare will be paid. Public fare transportation based on local rates.
3. Meal expenses are **NOT** applicable in all claims or circumstances, and **MUST** be pre-approved by your adjudicator.

Signature	Date:
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