CGU Workers Compensation

Travel Reimbursement Form

(for travel claimed under the NT Workers Rehabilitation and Compensation Act)

Your claim no.

Your name

Your employer/company name

Travel date	Provider's name (Treating Practitioner)	Departure Address	Arrival Address	Total kms	Taxi/ Public transport costs ($)	Doctor / providers signature at time of attendance

Declaration

I, _____ of _____

Declare that the travel details claimed on this form are only for travel to and from places for the purpose of medical, surgical and rehabilitation treatment, hospitalization or hospital treatment and are correct to the best of my knowledge.

Signature

Date

OFFICE USE ONLY

Total Klms _____

x . cents

Total Other Trans _____

Total $ _____

IMPORTANT INFORMATION, PLEASE READ

1. **Reimbursement can take up to 15 days to be processed once all required documentation is received**
2. **Reimbursement is paid in full if travelling expenses are considered reasonable**
3. **For public transport costs reimbursement, please attach original tickets or receipts with this form.**
4. **Taxi travel will only be considered for reimbursement if it has been pre-approved by your Case Manager at CGU Workers Compensation.**

Insurance Australia Limited ABN 11 000 016 722 trading as CGU Workers Compensation
Level 3, 47 Mitchell Street, Darwin NT 0800 GPO Box 9960, Darwin NT 0801
Tel. (08) 8924 0300 Fax (08) 8924 0399