Workers Request for Reimbursement of Expenses

Worker's Name	Address	Employer	Claim No
Make/Model of Car	Registration Number	Engine Capacity □ Less than 2.0L or □ Greater than 2.0L	

Date	From	To	Kilometres Return	Service Provider

Note: Pursuant to the Worker's Rehabilitation & Compensation Act 1988 (as amended), only the reasonable cost of travel for medical treatment will be reimbursed. All journeys claimed on this form will be verified against accounts we have received in relation to your claim. Alternatively, we will accept the service provider's signature against all journeys claimed as verification.

Workers Signature:	Office Use Only	Klms @ $0. = $	Amount Payable:	$
Date:		Authorised Paid by:	Draft No. Date:	

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