

Travel Expense Form

Fax to: 1 888 629-4722

E-mail to: claimdirect.reclamationdirecte@ws-ts.nb.ca

Client's Name:		Client's Address:				
Claim #:	Date of Accident:					
and any other tr	eatment provided to help y	o a medical professional suctous recover from your workp clude appointments with World and WCAT hearings.	lace injury.			
Date and time of trip	FROM* (Specify)	TO* (Specify)	Mileage in km (return trip)	Reason for travel	Who did you see?	
Jan. 2, 2020 @ 2:00 pm	123 Smith St., Moncton, NB, E1A 3E9	EXAMPLE 4 Jones Rd., Sackville, NB, E4L 1E2	90	Family Doctor	Dr. John Doe	
Effective June 1 \$0.46/km there	2024, mileage is paid at a after per calendar year.	related transportation is parate of \$0.58/km for the firs	t 8,000 km; \$0.53	3/km for 8,001 kn	n to 16,000 km; and	
km does not app	•	·		,		
I declare the info		. I understand that submittin	g a false claim for	expenses is fraud	ulent and will be	
Signature			Date			

^{*} We verify distances with Google Maps using the most direct route.