**TRAVEL EXPENSES CLAIM FORM**

* Write your name, address, claim number and employer’s name in the spaces below.
* Fill in the details of the travel for which you are claiming in the spaces over the page, make sure you sign and date the declaration at the bottom of the page.
* If you are claiming fares for public transport or taxi, please attach bus/train ticket or receipts.
* If you are claiming for the use of your own car, show the distance travelled for each trip to the nearest 1/10th of a kilometre.

|  |
| --- |
| **Details** |
| *Surname* | *Given names* |
|       |       |
| *Claim number (if applicable)* |
|       |
| *Employer Name* |
|       |
| **Address and Contact Details** |
| *Postal Address* |
|       |
|       | *Postcode* |       |
| *Phone – Work* | *Home* | *Mobile* | *Fax* |
| (  )       | (  )       |       | (  )       |
| *Email address (an email address or fax number is required for remittance advice to be sent)* |
|       |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date of travel** | **From suburb** | **To name & suburb** | **Reason for travel** | **Means of travel** | **Cost of distance** | **Office use only** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |

|  |  |
| --- | --- |
| Office use only | Office Use only |
|  |       | Km |  |       | Km |
| x       | C | x       | C |
| = $      |  | = $      |  |
| + $      | Costs | + $      | Costs |
| = $      | Total | = $      | Total |
| OP ID       |  | OP ID       |  |
|  |
| **Worker’s Declaration** |
| I       declare that the details shown on this form are true and correct and that they relate to my compensable disability. |
| *Signature* | *Date (dd/mm/yyyy)* |
|  |     /     /         |