TRAVEL REIMBURSEMENT FORM

Please use this form to record travel from and to medical appointments/treatment that are as a result of your injury. If the space provided below is insufficient, please attach a separate sheet.

Injured worker details

CLAIM NUMBER

SURNAME

GIVEN NAME(S)

ADDRESS

POSTCODE

Vehicle details

FULL DESCRIPTION OF VEHICLE USED: MAKE, MODEL, NUMBER OF CYLINDERS 4, 6 OR 8 , AND ENGINE CAPACITY, NUMBER OF CC'S. EG: 1600]

Travel costs

DATE	FROM	TO	DESTINATION/REASON	KILOMETRES
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
/ /				
			TOTAL KILOMETRES	0

You can scan and attach your correspondence to an email and send to: **workerscompclaims@iag.com.au**

Please ensure our claim number is included in the subject line of your email.

Alternatively, you can use free postage within Australia (no stamp required) by addressing your envelope to:

WFI Workers Compensation Claims
Reply Paid 85245
Welshpool DC WA 6986

SIGNATURE

DATE D D / M M / Y Y

OFFICE USE ONLY

TOTAL KILOMETRES _____X _____C/KM

REIMBURSEMENT AMOUNT $ 0