

Dear Sir / Madam

In order to claim reimbursement of travel expenses please complete the form in accordance with the instructions and return it to our office.

INSTRUCTIONS FOR COMPLETING THIS FORM

- Your service provider must verify attendance for medical, approved rehabilitation or hospital visits by signing the form.
- Write your name, address, claim number and employer's name in the spaces at the top of the form.
- Fill in the details of the travel for which you are claiming in the spaces provided, ensuring that you sign and date the declaration at the bottom of the page.
- If you are claiming for fares paid for public transport, please attach tickets.
- 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.

IMPORTANT: PLEASE ENSURE YOUR CLAIM NUMBER AND CLAIMS SPECIALIST NAME IS WRITTEN ON ALL RECEIPTS

Example for completing the back of this form

Date of Travel	From Suburb	To Name & Suburb	Reason for Travel	Means of Travel	Cost of Distance

