

TRAVEL REIMBURSEMENT FORM



Please use this form to record travel to and from appointments and treatment required as a result of an accepted work related injury/illness.

Injured worker details

CLAIM NUMBER

SURNAME

GIVEN NAME(S)

ADDRESS

POSTCODE

Vehicle details

FULL DESCRIPTION OF VEHICLE USED: MAKE, MODEL,

Travel costs

DATE	FROM	TO	DESTINATION/REASON	KILOMETRES
TOTAL KILOMETRES				

You can scan and attach your correspondence to an email and send to: workerscomplains@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

OFFICE USE ONLY

TOTAL KILOMETRES _____ X _____ C/KM

REIMBURSEMENT AMOUNT \$ _____

DRAFT