

Travel Reimbursement Form – EXAMPLE FORM ONLY

(Please ensure that the attached Declaration is Signed and submitted with your Travel Reimbursement Form)

Injury Claims Consultant:	
Claim No:	
Worker:	
Employer:	

Dates	Provider	Departure Address	Arrival Address	Total Kms	Taxi & Public Transport Costs (\$)	Office Use
eg. 1/1/2005	Dr A Smith (Physiotherapist)	123 Jones St, Melb 3000	45 Sturt Street, Elsternwick, 3195	10 kms	-	
eg. 12/12/2004	Dr Treat (Treating Practitioner)	45 Smith St, Sth Melb, 3205	19 Chapel Street, Prahran, 3141	-	\$3.20 (zone 1, 2hr)	

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When completed please return to: **CGU Workers Compensation (Vic) Limited**
GPO Box 2090S
Melbourne VIC 3001

Travel Reimbursement Form Declaration

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IMPORTANT INFORMATION

- Reimbursement is paid in full if travelling expenses are considered reasonable.
- To confirm the fares paid, your original tickets or receipts should accompany this declaration.
- Taxi travel may be considered for payment if pre-approved by CGU Workers Compensation.

DECLARATION:

I, _____ of _____
(Name) (Address)

(Address)

declare that the details in this Travel Reimbursement are correct to the best of my knowledge.

Signature: _____

Date: _____