Workers' Compensation
Reimbursement of Travelling Expenses

RiskCover

221 St George's Terrace, Perth
GPO Box K837 Perth WA 6842
Telephone (08) 9264 3333
Facsimile (08) 9322 1557
Website www.riskcover.wa.gov.au

Claim No .....
Worker's Name .....
Address .....
Suburb/Town ..... Postcode .....
Employer's Name .....

Please note: Any type of conveyance (i.e. taxi) apart from public, must be confirmed by the doctor or person administering the treatment as being medically necessary.
Supporting receipts must also be produced.

DETAILS OF TRAVELLING EXPENSES

Date	Details of Travel		No. of kms Travelled	Name of Person Giving Treatment
	From	To		
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Date ..... /..... /..... Signature of Worker .....