

Worker Expense Reimbursement Form

For injured workers to seek reimbursement from StateCover for travel, pharmacy and out-of-pocket expenses.



Worker's name _____ Claim number _____ Date _____

Travel

| Date | From (Suburb/town/location) | To (Suburb/town/location) | Reason for travel | Mode of travel (bus, taxi, private vehicle) | Distance (in km) | Fare paid (\$) or @ 0.58 cents/km |
|------|--------------------------------|------------------------------|-------------------|--|---------------------|--------------------------------------|
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Expenses

| Date | Purchased from | Description or purpose for the expense | Cost (\$) |
|------|----------------|--|-----------|
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I declare the above expenses are a true and accurate record of payments made by me in relation to my workplace injury. Signature _____

All receipts associated with these expenses must be included with this completed form and emailed to StateCover at claims@statecover.net.au

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