

Worker expense reimbursement form

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



Worker name _____ Claim No. _____ Date _____

Travel

Date	From Suburb, town, location	To Suburb, town, location	Reason for travel	Mode of transport E.g. bus, taxi, private vehicle	Distance In km	Cost (\$) Fare paid or 0.58 cents per km

Expenses

Date	Purchased from	Description or purpose of expense	Cost (\$)

I declare the above travel and expenses are a true and accurate record of payments made by me in relation to my workplace injury. **Signature** _____

Please email all receipts for these expenses along with this completed form to claims@statecover.net.au.