

Workers' Compensation Reimbursement of Travel Expenses



Level 13, Forrest Centre
221 St Georges Terrace
Perth WA 6000
GPO BOX K837
Perth WA 6842
Tel: (08) 9264 3333
riskcover.wa.gov.au

Claim number:
Incident date:
(Office use only)

Note: If you are unable to drive or use public transport and have to use a taxi service, your doctor or person administering the treatment must confirm it as being medically necessary.
Supporting receipts must be provided.

Worker details

Last name:	First name:
Address:	
Phone:	Email:
Agency name:	

Details of travel expenses

Date	Details of travel		Number of km travelled	Name of medical practitioner/treatment provider
	From	To		

Signature of worker: _____ Date: _____