

5668 South Street PO Box 1150 Halifax, NS B3J 2Y2 Toll Free: 1-800-870-3331 Phone: 902-491-8999 Fax: 902-491-8001

Vocational Rehabilitation Travel Expense Form

WCB Online: Sign up at wcb.ns.ca

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If you are participating in a vocational rehabilitation program or service for which travel is required, the WCB may reimburse travel-related expenses. Expenses are reimbursed based on the most economical and appropriate means of transportation.

Original receipts are required for reimbursement of pre-approved travel.

Expenses	Covered 1	or Re	imbursen	1ent

Date

Mileage (Effective April 1, 2020)Meals (Effective July 10, 2013)\$0.5838/km\$8.00 Breakfast; \$15.00 Lunch; \$20.00 Dinner

Please complete this form monthly and return it to the WCB for reimbursement.

If you use your personal vehicle, you may be reimbursed for kilometres travelled in excess of your regular pre-injury commute to the workplace. Multiply the difference in mileage travelled by \$0.5838/km and enter the amount in the "Expense Amount" column below. If you use an alternate method of transportation, actual costs may be reimbursed if they are more economical and appropriate. Enter these costs in the "Expense Amount" column.

All travel expenses must be pre-approved by a case manager. Original receipts must accompany this expense form, where required.

Last Na	Name First Name		е	Phone Number			
Address			Postal Code				
Please	list expenses below. Us	e extra page(s), if required. A	ttach original receipts.				ı
				Kilometres Travelled			
	Date and Time of Travel D/M/Y Time	Reason for Travel	Expense Description OR Method of Travel	Pre- Injury (A)	Post- Injury (B)	Diff (B-A)	Expense Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
			Total expenses incurred				
declar	e the above information i	is true and correct.	For office use only				
Signature		Indicate appropriate expense	Indicate appropriate expenses, MA codes and amounts in this space.				