Clear Form

WCB / NOVA SCOTIA

200-137 Venture Run
Dartmouth, NS B3B 0L9

Claims and General Information
Phone: 902-491-8999
Fax: 902-491-8001
Toll free: 1-800-870-3331

Travel Expense Form

Claim Number:

NOTE: Use one form per claim number.

Fax completed form to 902-491-8001 or mail to 200-137 Venture Run, Dartmouth, NS B3B 0L9.

WORKER INFORMATION

Worker's Last Name:	First Name:	Initial:
Address:	City/Town/Prov.:	
Home/Cell Phone:	Postal Code:	

TRAVEL INFORMATION – *Please complete fully or it may be returned*

	Appointment Date/Time	Travel From *(specify civic address)*	Travel To *(specify civic address)*	Purpose of the trip and who did you see?	Total Kms* *(return trip)*	Other Expenses**	
						Meals	Travel
EXAMPLE	*March 1, 2026 11:00 am*	*245 Willow Ave., New Glasgow NS*	*QEII Hospital, 5820 University Ave., Halifax NS*	*X-ray left knee Dr. Smith*	*322 Km*	☐ Breakfast ☒ Lunch ☐ Dinner	☒ Toll: $*2.00* ☒ Parking: $*5.50* ☐ Private Accom. ☐ Driver/Attendant
1						☐ Breakfast ☐ Lunch ☐ Dinner	☐ Toll: $ ☐ Parking: $ ☐ Private Accom. ☐ Driver/Attendant
2						☐ Breakfast ☐ Lunch ☐ Dinner	☐ Toll: $ ☐ Parking: $ ☐ Private Accom. ☐ Driver/Attendant
3						☐ Breakfast ☐ Lunch ☐ Dinner	☐ Toll: $ ☐ Parking: $ ☐ Private Accom. ☐ Driver/Attendant
4						☐ Breakfast ☐ Lunch ☐ Dinner	☐ Toll: $ ☐ Parking: $ ☐ Private Accom. ☐ Driver/Attendant
5						☐ Breakfast ☐ Lunch ☐ Dinner	☐ Toll: $ ☐ Parking: $ ☐ Private Accom. ☐ Driver/Attendant
6						☐ Breakfast ☐ Lunch ☐ Dinner	☐ Toll: $ ☐ Parking: $ ☐ Private Accom. ☐ Driver/Attendant
7						☐ Breakfast ☐ Lunch ☐ Dinner	☐ Toll: $ ☐ Parking: $ ☐ Private Accom. ☐ Driver/Attendant
8						☐ Breakfast ☐ Lunch ☐ Dinner	☐ Toll: $ ☐ Parking: $ ☐ Private Accom. ☐ Driver/Attendant

* The WCB may confirm distance by using web-based mapping, such as, Google Maps.

** In some cases the WCB may ask for receipts.

The information provided on this form is true and accurate. The travel details provided are directly related to my WCB claim. I understand travel claims may be subject to audit.

Worker's Signature: _____ Date: _____