

Travel Expense Form

Submit online for faster service

 Send your completed form via secure message through your WCB Online account.

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

Claim Number:
NOTE: Use one form per claim number.
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: