

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 <i>(specify civic address)</i>	Travel To <i>(specify civic address)</i>	Purpose of the trip and who did you see?	Total Kms* <i>(return trip)</i>	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	<input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input checked="" type="checkbox"/> Toll: \$2.00 <input checked="" type="checkbox"/> Parking: \$5.50 <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
1						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
2						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
3						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
4						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
5						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
6						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
7						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> Driver/Attendant
8						<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Toll: \$ <input type="checkbox"/> Parking: \$ <input type="checkbox"/> Private Accom. <input type="checkbox"/> 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: _____