Travel Expenses Claim Form

Claim No.

Worker's name | Date of injury

Make of vehicle | Engine capacity

Attendance date	Treatment provider	Address from	Address to	Total distance

Important

- Travel claims will be paid at the rate prescribed by the Australian Tax Office or as legislated in Tasmania
- All reimbursements will be paid by Direct Credit into your bank account on completion of a Direct Credit Form

Employer's signature ✘ | Date / /

Office use only

Save File | Print Form

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