Travel Reimbursement Form

Xchanging
inspiring innovation

Your name: .....

Your VWA claim number: .....

Your employer: .....

Your Case Manager: .....

Date	Provider	Address from	Address to	Total kms	Taxi & Public Transport Cost (0.30c per km)	Treating Practitioners Signature*
Example: 1 July 2009	Dr. A Smith	123 Apple Crescent MELBOURNE 3000	321 Jones St MELBOURNE 3000	15	$4.50	

* Your treating practitioner's signature confirms your attendance for that day. Obtaining their signature will enable prompt processing of your travel reimbursement.

DECLARATION:

I, _____(print your name) declare that the details provided are true and correct, and represent travel required for my work related injury.

_____ _____

(Your signature) (Date)

Please return your completed *Travel Reimbursement Form* to:

Xchanging

GPO Box 751

MELBOURNE VIC 3001

If you have any queries regarding your travel expenses, please contact Xchanging on **03 9947 3000.**

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