



WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Halifax Office
 5668 South Street
 PO Box 1150
 Halifax, NS B3J 2Y2
 1-800-870-3331 toll free
 902-491-8999 local
 902-491-8001 fax

Sydney Office
 336 King's Road, Suite 117
 Medical Arts Building
 Sydney, NS B1S 1A9
 1-800-880-0003 toll free
 902-563-2444 local
 902-563-0512 fax

Vocational Rehabilitation Travel Expense Form

Form 95A:04/2003

If you are participating in a vocational rehabilitation program or service for which travel is required, the WCB may reimburse travel-related expenses. Expenses are reimbursed based on the most economical and appropriate means of transportation.

Claim Number: _____

Reimbursement for Pre-approved Travel:
 (original receipts required)

Mileage \$0.34/km (Effective: April 1, 2003)
Meals \$6.00 Breakfast
 \$8.17 Lunch
 \$16.00 Dinner

Workers may be reimbursed for kilometers traveled **in excess** of their regular pre-injury travel to the workplace. Therefore, if you travel by personal vehicle, multiply the difference in mileage by \$0.34/km, and enter the amount in the **Expense Amount** column below. In situations where an alternate method of transportation is used, **actual costs** may be reimbursed if they are more economical and appropriate. If you use transportation other than a personal vehicle, insert the actual cost in this column.*

All travel expenses must be pre-approved by a Vocational Rehabilitation Counsellor. Original receipts must accompany this expense form, where required.

Please complete this form monthly, and return it to the WCB for reimbursement.

Worker's Last Name _____ Given Name _____ Phone Number _____
 Address _____ Postal Code _____

Please list expenses below. Use extra page(s), if required. Attach original receipts.

	Date and Time of Trip D M Y Time	Reason for trip	Expense Type OR Method of Travel	Kilometers Traveled			Expense Amount*
				Pre- Injury (A)	Post- Injury (B)	Diff (B-A)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total expenses incurred							

I declare the above information is true and correct.

Worker's Signature _____

Date _____

For office use only

Indicate appropriate expenses, MA codes and amounts in this space.
