

UNSW



WORKERS COMPENSATION REIMBURSEMENT OF EXPENSES CLAIM FORM

Name	
Claim Number	

PLEASE ATTACH ORIGINAL RECEIPTS

PHARMACEUTICAL/MEDICAL REIMBURSEMENTS

Date of Service	Description (eg Pharmaceutical/Medical)	\$
<i>i.e. 15 September 2004</i>	<i>Smith Pharmacy – Panadeine Forte</i>	<i>\$9.95</i>
TOTAL		\$

TRAVEL REIMBURSEMENTS

Date	Journey Description		Ticket cost or kilometres travelled	Reason for journey	\$
	To	From			
<i>ie 15/9/04</i>	<i>Richmond</i>	<i>Home</i>	<i>15</i>	<i>Medical Examination with Dr Smith</i>	<i>\$5.00</i>
TOTAL					\$

Reimbursements can only be made if a receipt is supplied please ensure all chemist receipts include the name of the product purchased. Kilometres are paid at the WorkCover approved rate.

Completed form to be returned to The University of New South Wales Workers' Compensation Department, Workers Compensation, LG, Room 29, The Chancellery UNSW Sydney or fax: 02 9663 4203