

**MAIL FORM TO:**  
 146-148 Forest Road  
 P.O. Box 9000 St. John's NL A1A 3B8  
**CALL US AT:**  
 t 709.778.1000  
 t 1.800.563.9000

**FAX FORM TO:**  
 f 709.778.1302  
 f 1.800.276.5257  
**VISIT US AT:**  
 workplace.nl.ca

Please indicate applicable number	<b>Form</b>
<b>CLAIM NUMBER (Worker)</b>	<b>95</b>
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**FORM 95 – EXPENSE FORM**

Name:
Full Mailing Address:

**PLEASE SEE THE GUIDELINES FOR COMPLETION OF THIS FORM ON THE BACK.**

**TRAVEL EXPENSES**

**Important:** Medical confirmation for all trips claimed **must** be attached to this form. Indicate the type of travel, where you are travelling and the total return trip in kilometres.

Date of Travel	Appointment Time	Medical or LMR Travel?	From		Total # of kms	Check if being claimed:	
				To		Accommodations	Meals

**OTHER EXPENSES**

**Important:** Receipts are required for all expenses below.

Description	Amount Claimed

I declare that this form is complete and correct and I understand that giving false information or omitting relevant information is a serious offence.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For WorkplaceNL Use Only
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## EXPENSE GUIDELINES

When you are required to attend an appointment or treatment, **outside your home community**, WorkplaceNL will accept responsibility for the payment of your travel costs, including any necessary overnight accommodations, in accordance with the following guidelines:

### **Reimbursement method of travel**

1. You will be reimbursed expenses based on the most economical means of travel available. This usually means bus.
2. If there is no public transportation in your area, you will be reimbursed for travel required to get you to the nearest connecting point for public transportation. Reimbursement will be based on 31.5¢ per kilometre to connect with public transportation.
3. WorkplaceNL will pay for transportation costs only if you are required to visit WorkplaceNL's office at WorkplaceNL's request.
4. Trips by ambulance or travel attendant/ companion require prior authority of WorkplaceNL except under emergency circumstances.
5. All trips must be medically confirmed.
6. Trips to a General Practitioner/Health Care Provider outside your community will only be covered if there is no General Practitioner/ Health Care Provider available in your home community. Travel will be paid to the nearest service provider.
7. Generally, only one trip will be paid per day.

### **Overnight Accommodations**

1. All areas

Reimbursement of \$25.00 per day, if staying with relatives or friends. (No receipt necessary).

2. Commercial Establishments (e.g. hotels, motels, etc.)

Reimbursement of commercial establishment costs will be based on minimum rates for the geographic location and availability. Receipts are required.

### **Meals**

WorkplaceNL will consider reimbursement on the basis of \$8.00 for breakfast, \$13.20 for lunch, and \$21.70 for dinner. Meal allowances can be paid where the distance traveled exceeds 200 kilometres return.

### **Labour Market Re-entry (LMR) Travel**

WorkplaceNL will reimburse necessary and appropriate travel and parking expenses (excluding parking tickets) incurred during a labour market re-entry assessment or plan. Reimbursement of mileage related to a worker's private vehicle is calculated based on 31.5 cents a kilometre, based on the total number of kilometres travelled in excess of 50 kilometres.

For further information please contact WorkplaceNL.