



**MAIL FORM TO:**  
 146-148 Forest Road P.O. Box 9000  
 St. John's NL A1A 3B8  
**FAX FORM TO:**  
 709.778.1302  
 tf 1.800.276.5257

**CALL US AT:**  
 telephone: 709.778.1000  
 tf 1.800.563.9000  
**VISIT US AT:**  
 workplace.nl.ca

Please indicate applicable number	<b>Form</b>
<b>CLAIM NUMBER (Worker)</b>	<b>95</b>
<input type="text"/>	Page 1 of 2 Rev. Dec. 2016

### FORM 95 - Expense Form

Name
Address:

**PLEASE SEE GUIDELINES FOR COMPLETION OF THIS FORM ON REVERSE**

**Travel Expenses**

**IMPORTANT:** Medical confirmation for all trips claimed **must** be attached

Date of Travel	From	To	# of Kilometers	Please check if claimed	
				Accommodations	Meals

**Other Expenses**

**IMPORTANT:** Receipts are required for all expenses below

Description	Amount

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

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

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

<b>For WorkplaceNL USE ONLY</b>
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## EXPENSE GUIDELINES

When you are requested to report for an appointment or for treatment in an area, **other than your hometown or city** WorkplaceNL will accept responsibility for the payment of your travel costs, including any necessary overnight accommodations, in accordance with the following regulations. WorkplaceNL will not pay transportation costs if you have not been requested to visit a WorkplaceNL Office.

### **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 the 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, including meals, 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 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.

For further clarification please contact one of WorkplaceNL's Regional Offices.