



Click on any field to start editing.

Worker's Expense Statement

Name, address, postal code

WCB claim number: _____

The WCB may allow reimbursement for actual or reasonable additional expenses incurred to the nearest facility. However, where workers reside and work in the same community (as the medical or training facility), no additional travel or sustenance will be paid.

Transportation: Return fare for public transportation or an allowance of 55 cents per kilometre for use of private vehicle.
North of 54th parallel will be 59 cents per kilometre. (Entitlement is calculated from city centre to city centre per Google maps)

Meals: Breakfast: \$10.00/lunch: \$18.00/dinner: \$23.00

Lodging: Reasonable and actual reimbursement for hotel accommodation will be authorized when supported by receipts.
Private lodging per night: \$35.00

Child care expenses: Must be pre-approved, supported by a signed receipt and show date(s) of care and amounts.

Prescriptions: Complete the Worker's Medical Expense Statement (WME) form located on the WCB website.

Complete the following

Travel/accommodations/meals - Trip 1:

Reason for travel: _____ Date: _____ Time: _____ ☐ A.M. ☐ P.M.
MM/DD/YYYY
Home city: _____ City of appointment: _____
Departure date: _____ Time: _____ ☐ A.M. ☐ P.M. Arrived home date: _____ Time: _____ ☐ A.M. ☐ P.M.
MM/DD/YYYY MM/DD/YYYY
Mode of travel: Car ☐ \$ _____ Bus ☐ \$ _____ Plane ☐ \$ _____
Taxi/shuttle (attach receipts): \$ _____
Parking: _____ \$ _____ (attach receipts)
Hotel name: _____ \$ _____ (attach receipts) Private lodging ☐ \$ _____

Travel/accommodations/meals - Trip 2:

Reason for travel: _____ Date: _____ Time: _____ ☐ A.M. ☐ P.M.
MM/DD/YYYY
Home city: _____ City of appointment: _____
Departure date: _____ Time: _____ ☐ A.M. ☐ P.M. Arrived home date: _____ Time: _____ ☐ A.M. ☐ P.M.
MM/DD/YYYY MM/DD/YYYY
Mode of travel: Car ☐ \$ _____ Bus ☐ \$ _____ Plane ☐ \$ _____
Taxi/shuttle (attach receipts): \$ _____
Parking: _____ \$ _____ (attach receipts)
Hotel name: _____ \$ _____ (attach receipts) Private lodging ☐ \$ _____
Date: _____ Signature: _____
MM/DD/YYYY

Please print & sign form before mailing/faxing.

Copies of original receipts may be submitted for reimbursement of medical or other additional expenses. Original receipts should be retained for 12 months from submission date, as they may be requested by the WCB for audit purposes.