

SECTION A: WORKER INFORMATION

WORKER'S EXPENSE CLAIM

P.O. Box 757, 14 Weymouth Street, Charlottetown, PE C1A 7L7 www.wcb.pe.ca Phone: (902) 368-5680 Toll-free: 1-800-237-5049 Fax: (902) 368-5696

Claim Number:		Worker's Name:			
Address:				Phone Number:	
City/Town: Pro		Province:		Postal Code:	
SECTION B: INSTRUCTIONS and DECLARATION All expenses will be verified by the Workers Compensation Board (WCB). Kilometers are verified using Google Maps. Thi form must be submitted within six months of the date the expense was incurred. If you are submitting for other expense					
please include a receipt.					
Eligibility criteria for expense reimbursement is outlined in WCB Policy 03, Travel and Related Expenses and WCB Policy 92, Health Care Benefits – General Principles. The policies are available on our website.					
By submitting this form, you are confirming that the expenses listed are accurate, factual and related to the claim noted above.					
SECTION C: TRAVEL EXPENSES					
Date of Travel	Travel From		Travel To		Total Kilometers
SECTION D: OTHER EXPENSES					
Date	Description of Expense (e.g. prescription, medical supply, etc.)				Amount

Information on this form is required for the purposes of administering the *Workers Compensation Act* and collected under the authority of section 31 of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about this collection of information, please contact: FOIPP Coordinator, Workers Compensation Board of PEI, 14 Weymouth Street, P.O. Box 757, Charlottetown, PE C1A 7L7, (902) 368-5680 or toll free at 1-800-237-5049