Workers' Compensation Board
Alberta

# C688
# WORKER TRAVEL & EXPENSE RECORD

See WCB fact sheet W-08-08/03 for information

Claim Number:

**Pay To**

Worker's Name: *(Surname)* *(First Name)* *(Initial)*

Date of Birth *(Year / Month / Day)*

Address *Street* *City/Town* *Province* *(Postal Code)*

Telephone Number ( )

| Date of Appointment | Time | | Details - Treatment Provider Name and Location, or Description of Item | KM Travelled | Bus, Taxi, Parking *(Original Receipt Required)* | | Accommodation *(Original Receipt Required)* | | Other | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Depart | Arrive | | | | | | | | |
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| **Totals** | | | | | | | | | | |

I hereby declare that the above expenses were incurred by me for purposes of WCB; that no rebate of any kind has been or will be made to me by any person for any of these expenses and to the best of my knowledge I am properly entitled to the allowances claimed herein according to the current policies and practices of the Board.

Signature Dates