

# Travel Expense Form

WSCC Claim Number: \_\_\_\_\_

Last Name: _____	First Name: _____
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Date of Travel	Starting Location	Destination	Name of Treatment Provider	Number of Kilometres Driven for the Return Trip

I declare the information provided on this form is true and correct. I incurred the travel indicated, and it directly relates to my WSCC claim. I understand giving false information is a serious offence. By giving false information I will be committing fraud pursuant to Section 380 of the Criminal Code of Canada.

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