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								
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