Safety Matters @Work
Workers Compensation Board of PEI

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

SECTION A: WORKER INFORMATION

Name:		**Case ID#:**
Address:		**Date:**
City/Province:	**Postal Code:**	**Telephone#:**

SECTION B: EXPENSE DETAILS

All appointments, mileage, and expenditures must be pre-approved and will be verified by the Workers Compensation Board. Forms must be submitted within six months of the date that the expense was incurred.

Date	Description	KM	Subtotal
		Subtotal:	
		Less Advance:	
		Total:	