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:		**Claim Number:**
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:	

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