

**General Information and Instructions:**

Your Work Transition Plan Agreement, which the Work Transition Specialist (WTS) would have discussed with you during a prior meeting, provides details of your allowable expenses. If you have any questions about what expenses you can claim, contact your WTS **before** you complete this form. The Worker Travel and Expense Form 2996A should be completed when you have expenses related to work transition activities that have been **pre-approved**.

**Guidelines**

- Generally, the WSIB only pays the cost of public transit fares when public transportation is available in your area, and your work injury/illness does not prevent you from using public transit.
- Mileage (and parking) is paid when there is no public transit available, the medical precautions for your work injury/illness prevent you from travelling by public transit, or travelling by transit is agreed by the WSIB to be impractical.
- Travel by taxi requires prior approval, and is only allowed when the medical precautions for your work injury/illness prevent you from taking public transit or driving your own vehicle. If appropriate, the WSIB can pre-arrange direct billing of taxi services with a preferred company.
- Meal expenses require **pre-approval**, and generally are paid for out-of-town travel.
- Expenses related to room and board, and accommodations, etc., require **pre-approval**.
- Training and educational expenses, such as text books and tools require pre-approval. Also, please request that the supplier bill WSIB directly for your books and tools, so we can be reimbursed the HST.
- If claiming expenses for monthly transit passes, parking, taxis, meals, books, room and board, and accommodations, etc., **original receipts must be submitted** with the Worker Travel and Expense Form.

Completing the Worker Travel and Expense Form in its entirety and providing original receipts (where appropriate), will allow for faster payment of your expenses. Please check to ensure you have completed the following activities before mailing/faxing your expense form:

- Is your name and claim number on each form and receipt?
- Did you provide all of the information asked for?
- Did you do all of the calculations for the amounts you are claiming?
- Did you attach all original receipts, where they are required?
- Is the form signed and dated?

**Note: Expenses related to Health Care should not be included on this form. There is a separate form for Health Care related expenses.**

**Keeping your own Records**

We recommend that you keep a copy of the completed form and related receipts for your own records. This allows you to keep track of your expense claims and payments. This also prevents you from making a duplicate claim for an expense already claimed and/or paid, which will cause a delay.

The WSIB website - [www.wsib.on.ca](http://www.wsib.on.ca) - has more information about claiming expenses. By using the search field and typing in "Table of Rates", you will find the current rates and other related policies.

**Fax to:**

1-888-313-7373  
**or**  
416-344-4684

**Mail to:**

Workplace Safety and Insurance Board  
200 Front Street West  
Toronto ON M5V 3J1

Claim Number

**A. Worker Information**

Please PRINT in black ink.

Last name		First name		Initial
Current address		City	Province	Postal Code
Home phone	Work phone			

**B. Travel Expense Section**

Approved Method of TRAVEL  Public transit  
 Mileage

Dates (dd-mmm-yy)	Reason for Travel from address to address	Public Transit	Total Roundtrip Kilometers	Parking	Meals	Totals
1.	from _____ to _____					
2.	from _____ to _____					
3.	from _____ to _____					
4.	from _____ to _____					
5.	from _____ to _____					
6.	from _____ to _____					
7.	from _____ to _____					
8.	from _____ to _____					
9.	from _____ to _____					
10.	from _____ to _____					

**B Total TRAVEL expense** ▶

**C. Other Expense Section**

Please include receipts.

Date of Expense (dd-mmm-yy)	Expense description	Amount of Expense	Expense Summary
			<b>B Total TRAVEL expense</b> ▶
			<b>C Total OTHER expenses</b> ▶

**C Total OTHER expenses** ▶

**Total of B+C** ▶

**D. Worker Declaration**

I hereby certify that the information provided on this form is true, accurate and complete, and that the travel details provided were incurred by myself and are directly related to my WSIB case. I agree to provide all original receipts to the WSIB. I also authorize the release of any information to the WSIB relating to the travel details and expenses listed on this form.

Signature	Date Submitted (dd-mmm-yy)
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