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| **Instructions for completing this form**   * Write your name, address, Return to Work Specialist, claim number and employers name in the spaces provided above the travel form * Fill in the details of the travel for which you are claiming in the spaces over the page * If you are claiming for fares paid for public transport, please attach tickets * If you are claiming for the use of your own car, show the distance travelled for each trip to the nearest 1/10th of a kilometre   Important: Write your claim number and Return to Work Specialist or Claims Officer’s name on all receipts  **Example for completing this form:**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Date of travel** | **From Suburb** | **To name & Suburb** | **Reason For Travel** | **Means of Travel** | **Cost or distance** | | 1/06/2016 | Woodville | Dr Smith Seaton | Consultation | Bus | $1.60 | | 1/06/2016 | Seaton | Woodville | Return home | Bus | $1.60 | | 5/06/2016 | Woodville | Mr Jones Croydon | Physio | Car | 2.3 km | | 5/06/2016 | Croydon | Woodville | Return home | Car | 2.3 km | |  |  |  |  |  |  | |

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| **Sensitive: Personal (when completed)** | | | | | | | | | |
| **Your Name** |  | | |  | **RTWS Name** |  | | |  |
| **Street Address** |  | | |  | **Claim Number** |  | | |  |
| **Suburb / Postcode** |  | | |  | **Employer** |  | | |  |
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| **Please note that in submitting this form to Gallagher Bassett, you declare that you have paid for this service and that the details of this form are true and correct and are related to your compensable disability. If insufficient evidence is received, we will not pay until relevant information is provided.** | | | | | | | | | |
| **Date of Travel** | **From:  Suburb** | **To:  Name & Suburb** | **Reason for Travel** | | **Means of Travel** | **Cost or Distance** | **Provider Name and Company Name** | **Additional Information e.g. detour due to road works** | |
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