



Request for Transport Costs

(Phone 0800 101 996 for information or assistance)



IMPORTANT INFORMATION: Before you complete this form, please read the fact sheet *Travel to treatment or rehabilitation*, which outlines the details on what help you may be eligible for. Payment of or contribution to your expenses can only be considered if all the details requested are provided.

PLEASE ATTACH A BANK DEPOSIT SLIP OR LETTER FROM YOUR BANK THAT GIVES YOUR BANK ACCOUNT NUMBER

CLAIMANT DETAILS

Name:	Claim number:
Physical address:	Date of injury:
	Date of birth:
Postal address (if different):	

TRAVEL TO TREATMENT/REHABILITATION DETAILS

For calendar month: _____, 20____				Attach tickets or receipts for any travel by scheduled public or other non-private transport. Prior approval from ACC is required for contributions to the actual costs of other non-private transport (e.g. taxi) – please call 0800 101 996 to seek prior approval.		
	Date	Travel from	Type of treatment	Treatment/Rehabilitation provider's name, location and signature	Total kms travelled	Fare
1					km	\$
2					km	\$
3					km	\$
4					km	\$
5					km	\$
6					km	\$
7					km	\$
See the fact sheet <i>Travel to treatment or rehabilitation</i> for details of the criteria for payments.					Total	km \$

DECLARATION

Claimant's declaration
I declare that the information on this form is correct and that I have not withheld any information likely to affect this request for travel costs.

Signature: _____ Date: _____

OR Representative's declaration (where claimant is under 16, or unable to sign)

Representative's name: _____

Relationship to claimant: _____

Why is the claimant unable to sign this form? _____

I declare, to the best of my knowledge, the information on this form is true and correct, and that I have the authority of the claimant to sign this form.

Signature: _____ Date: _____

OFFICE USE ONLY

Entitlement check and calculation by:

Date:

Entry by:

GL Code(s) \$

Total payable: \$

Authorised by:

Reason for decision:

The information collected on this form will only be used to fulfil the requirements of the Injury Prevention, Rehabilitation, and Compensation Act 2001. In the collection, use and storage of information, ACC will at all times comply with the obligations of the Privacy Act 1993 and the Health Information Privacy Code 1994.

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