



Medical Travel Worksheet

		Kms driven	Did you travel	# of meals for you	Other (hotel, parking, ferry, taxi, etc.)	Amount paid	
	Date of travel	Purpose of trip	(for round trip)	with an attendant?	and your attendant	Please attach all receipts in the order listed below	
			(a)	(b)	(c)	(d)	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20		TOTAL	0		0		

PLEASE NOTE:

- (a) To be eligible, travel must exceed 80 km (round trip) and the medical treatment is not available in your locality
- (b) May be claimed if a medical practitioner has certified in writing that you are unable to travel without assistance
- (c) To be eligible, travel must exceed 160 km (round trip) and the medical treatment is not available in your locality
- (d) For accommodation expenses to be eligible, travel must exceed 160 km (round trip) and the medical treatment is not available in your locality