

Travel expense claim form for retired and former Queensland mine and quarry workers

This form can be used by eligible retired and former Queensland mine and quarry workers to claim domestic travel expenses associated with attending medical appointments with an RSHQ approved medical provider for a free lung health check. Please note:

- Claims must be submitted within two months of the date of the expense.
- Claims submitted without the necessary receipts or proof of purchase cannot be reimbursed.
- Reimbursements of some expense types must be pre-approved by RSHQ, such as expenses for support persons.
- Refer to Domestic travel expenses policy for retired and former Queensland mine and quarry workers attending free lung health checks to understand how RSHQ can assist with travel expenses.

Claimant's details		
Name Authorisation number		Address
Email	Phone number	Postal address

Journey details

If you attend your nearest RSHQ approved medical provider and are required to travel greater than 20km one way to appointments, you can be reimbursed travel costs (e.g., public transport, taxi/Uber fares or fuel expenses) for distance from place of residence to nearest approved medical provider. If you choose to attend an alternative approved medical provider that is not the nearest provider, RSHQ can only reimburse travel expenses for equivalent distance from place of residence to nearest RSHQ approved medical provider. Parking expenses may be claimed irrelevant of distance travelled.

	Time and place travel commenced	Time and place travel finished	Method			Cost of trip	Cost of	Kms		
Date			Bus	Train	Taxi / Uber	Car	(if not by car)	parking (if applicable)	travelled if by car	Reason for travel (e.g., attended doctor's appointment)
/ /	Time:	Time:								
	Place:	Place:								
/ /	Time:	Time:								
	Place:	Place:								
/ /	Time:	Time:								
	Place:	Place:								
/ /	Time:	Time:								
	Place:	Place:								

Meal reimb	oursements							
· ·	des food and non-alcoholic beverages s to understand how RSHQ can assist ent claims.				• •			ung
Date	Meal type (e.g., breakfast, lu	nch, dinner) Cos	st of meal	Date	Meal type (e.g., brea	kfast, lunch, dinner)	Cost of meal	
/ /				/ /				
/ /				/ /				
Claimant's	bank account details							
Please be ad	vised that reimbursements can only b	e paid by direct deposit to your n	ominated bank accour	nt.				
	Account number	BSB number		Account n	ame	Bank name		
Declaratio	1							
	t the expenses claimed on this form valth Queensland will not reimburse m	•		_		• • • • • • • • • • • • • • • • • • • •	understand that Resou	rces
Claimant's	signature					Date _		
	completed form and supporting docu							