## How to get reimbursed for travel expenses

## There are two ways you can get reimbursed:

## Online

## The quickest and easiest way to get reimbursed is online. Simply log in to [myTAC](http://www.tac.vic.gov.au/clients/mytac) and send us a copy of your receipts. We will then transfer your reimbursement to your bank account.

## If you haven’t already, register for [myTAC](http://www.tac.vic.gov.au/clients/mytac) on our website or download the app to your mobile device.

## Post

## Please fill in the form below, attach your original receipts and post to Transport Accident Commission, Reply Paid 2751, Melbourne, Vic 3001.

## Information about claiming

Expenses must be submitted to the TAC for claiming within two years from the date of travel except where the request for payment is made within 3 years of the transport accident. The TAC cannot consider any travel expense claim submitted outside this time frame.

The TAC will reimburse reasonable travel expenses incurred attending:

* medical treatment for your transport accident injuries
* a medical examination arranged by the TAC
* an approved rehabilitation or disability service
* school for eligible students (for journeys on or after 28 November 2007)
* your workplace, if you are unable to travel to work by your usual pre-accident transportation because of transport accident injuries. This can be paid if you are participating in a TAC funded return to work program, or during the first 12 weeks after initially returning to work.

The following travel expenses can be claimed:

### Private vehicle

* The TAC will reimburse you a set rate per kilometre (refer to the TAC website for more information).

### Public transport (paper tickets)

* To confirm the fares paid, please attach your original tickets to this claim. You will be fully reimbursed for travel fares considered reasonable.

### Public transport (Myki)

* Please complete the details of each trip on this form and attach a copy of your myki statement if you have one.

### Taxi expenses

* You need our approval before you travel by taxi. Please call the TAC and speak to your claim manager if you need taxi travel. If you have already paid, please attach original receipts for your taxi travel and complete this form for reimbursement.

## Client details

Name

|  |
| --- |
|       |

Address

|  |
| --- |
|       |
|       | Post code |       |

Claim number

|  |
| --- |
|       |
| Date of birth |  | Date of accident |
|       |  |       /       /      |

## Other TAC clients travelling with you

If other TAC clients travelled in your vehicle to get treatment, please provide their details.

Name

|  |
| --- |
|       |

Address

|  |
| --- |
|       |
|       | Post code |       |

Claim number

|  |
| --- |
|       |

Name

|  |
| --- |
|       |

Address

|  |
| --- |
|       |
|       | Post code |       |

Claim number

|  |
| --- |
|       |

## Name of person claiming expenses

(leave blank if TAC client)

Name

|  |
| --- |
|       |

Contact phone number

|  |
| --- |
|       |

Address

|  |
| --- |
|       |
|       | Post code |       |

Relationship to the client

|  |
| --- |
|       |

## Bank account details for reimbursement

Name of account

|  |
| --- |
|       |

Name of bank

|  |
| --- |
|       |

Bank address

|  |
| --- |
|       |

BSB or (for international – Branch Code/Sort Code/CHIPS)

|  |
| --- |
|       |

Account number

|  |
| --- |
|       |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date of travel | Travel from name and address | Travel to name and address  | Taxi amount claimed  | Public transport amount claimed | Private vehicle (kms) |
| *e.g. 01/01/12* | *GP’s rooms**170 Pink Street Bluetown* | *Pharmacy**250 Brown Street Bluetown* |  |  | *10 kms* |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
| Total private vehicle kms |       |

## Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| I, |  | of |  |

confirm that the items above, relate to these expenses are not for any pre-accident or unrelated medical condition, or any other purpose.

|  |  |  |
| --- | --- | --- |
| Signature of client, parent or guardian | Print name | Date |
|  |  |  / /  |

Under section 117 of the Transport Accident Act 1986 it is an offence to provide false or misleading information in connection with a claim.

## Your privacy

The TAC respects your privacy. The TAC will retain the information provided and may use or disclose it to make further inquiries or assist in the ongoing management of the claim or any claim for common law damages. The TAC may also be required by law to disclose this information.

Without this information, the TAC may be unable to determine entitlements or assess whether treatment is reasonable and may not be able to approve further benefits and treatment.

If you require further information about our privacy policy, please call the TAC on 1300 654 329 or visit our website at tac.vic.gov.au

For further information about travel expenses – including rates, please visit the TAC website at tac.vic.gov.au