## **C660 TRAVEL REIMBURSEMENT**

	5, Edmonton T5J 2S5 <b>780-427-5863</b> <b>1-800-661-1993</b>				Please print clearly / or type							Claim Number Personal Health Number										
Client's	Surname			First Name						Initial												
Address 3	Street			City/Town						Province		Posta	l Cod	e								
Telephone Number				Date of Accie	1 1		(Year / Mo	nth / Day)	Date of Bir	(Year / Month / Day)				а <i>у)</i>								

## To be completed by Client

## Travel expenses cannot be claimed for picking up batteries

From:	То:			
(City / Town)	(City / Town)			
This trip was for the sole purpose of obtaining service for my hearing aid(s).				
(Signature of WCB Client)		Date	(Year / Month / Day)	

## To be completed by Service Provider

	Appointment Time			Appointment Date								
					nr / Month / Da							
Services Rendered												
Name and address of Service Provider: (please print)	Service Pro	vider Sign	ature:									
		Print Name:										
	Print Name:											
	Date ()	Date (Year / Month / Day)			Telephone Number							
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THIS DOCUMENT MAY BE EXAMINED BY ANY P PERSON WITH DIRECT INTEREST IN A CLAIM THAT IS UNDER REVIEW.