

# ASTD EXPENSE AUTHORIZATION FORM

Attention: Payment Services 1-888-669-9970

**Please note:**

- This form must be signed by the Board Officer and must accompany all invoices for Pre-Authorized Travel and Pre-Authorized Equipment Expenses.

Worker's Name: \_\_\_\_\_ WCB Claim #: \_\_\_\_\_  
 Provider's Name: \_\_\_\_\_ Payee #: \_\_\_\_\_  
 Invoice #: \_\_\_\_\_ Date of Invoice: \_\_\_\_\_

**PRE-AUTHORIZED TRAVEL EXPENSES:**

Please confirm your approval of payment for approximately \_\_\_\_\_ hours of travel **in excess of the two (2) hours** by signing below. For other incidental travel expenses please authorize by indicating in the table and signing below:

Description of Incidental Fee	Cost	Approved	CM Initials
		Yes No	
		Yes No	

Board Officer's Name: \_\_\_\_\_ **X** \_\_\_\_\_

Date Authorized: \_\_\_\_\_ Board Officer's Signature

**PRE-AUTHORIZED EQUIPMENT EXPENSES:**

Please confirm your approval of payment for the following equipment and/or related modifications which will facilitate this Worker's return to work by indicating your approval in the table and signing below:

Equipment	Cost	Approved	CM Initial
		Yes No	
		Yes No	
		Yes No	
Total \$			

Board Officer's Name: \_\_\_\_\_ **X** \_\_\_\_\_

Date Authorized: \_\_\_\_\_ Board Officer's Signature