



# Worker Supply and Services Claim – Voc Rehab Expense Reimbursement



Please use this form to request reimbursement for approved vocational rehabilitation expenses. If you have questions about which expenses are covered under your claim, please contact your Vocational Rehabilitation Consultant or Service Coordinator–Vocational Rehabilitation.

Submit copies of receipts for all expenses, unless otherwise indicated by your vocational rehabilitation consultant. Write your name and claim number on each copy submitted and keep your original receipts as they may be required for audit purposes.

Please complete every field on this form. We may not be able to reimburse you if information is missing from your form.

## Worker's information

Worker's last name		First name		Personal health number (BC Services Card/CareCard)		WorkSafeBC claim number	
Mailing address for payment			City	Province/State	Postal code/Zip	Country (if not Canada)	
Has your address changed in the last six months? <input type="checkbox"/> Yes <input type="checkbox"/> No			Daytime phone number (include area code)			Date of injury (yyyy-mm-dd)	

	Date of service or purchase (yyyy-mm-dd)	Fee code (refer to page 2)	Type of expense or supply (fee description) (for example: exam fee, personal protective equipment, tuition)	Quantity or units of service (number of units)	Unit price (not including taxes)	PST (if paid)	GST (if paid)	Total amount paid (including taxes)	Name of provider or supplier
e.g.	2017-07-17	1101044	Personal Protective Equipment	1	\$285		\$14.25	\$299.25	XYZ Safety Supplies
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									

**Total invoice amount**

I certify that I incurred these expenses. I understand that it is considered fraud or misrepresentation to claim the same expenses twice from other institutions. I authorize release of any information or records requested in respect of this claim to WorkSafeBC or its agents and certify that the information given is true, correct, and complete to the best of my knowledge.	Worker's signature (must be signed)	Date (yyyy-mm-dd)	I have included copies of receipts <input type="checkbox"/> Yes

**Payment Services**

Phone 604.276.3085  
Toll-free 1.888.422.2228

**Fax**

604.233.9777  
Toll-free 1.888.922.8807

**Mail**

Payment Services, WorkSafeBC  
PO Box 4700 Stn Terminal  
Vancouver BC V6B 1J1



## Worker Supply and Services Claim – Voc Rehab Expense Reimbursement

If direct payment to the provider is not possible, please include the appropriate fee code from the list below when requesting reimbursement.

Vocational Rehabilitation (VR) Expense Fee Codes	
1101048	Adaptive Aids (under \$10K)
1123072	Books and Supplies
1101036	Computer Purchase/Lease
1101037	Computer Related Supplies
1101043	Dependant Care
1101033	Exam Fee
1101022	Job Search Resources
1101032	License Fee
1101038	Membership Fees
1101044	Personal Protective Equipment
1101049	Portable Ramp
1101047	Recreational Equipment (under \$10K)
1101031	Registration Fee
1101046	Relocation Expenses
1101007	School/Training Assessment
1101034	Student Fees
1101011	Tools and Equipment Purchase (under \$10K)
1101012	Tools/Equipment Rental
1101028	Tuition
1101035	Tutor
1101008	VR Miscellaneous Goods (under \$10K)

WorkSafeBC collects information on this form for the purposes of administering and enforcing the *Workers Compensation Act*. That Act, along with the *Freedom of Information and Protection of Privacy Act*, constitutes the authority to collect such information. To learn more about the collection of personal information, contact WorkSafeBC's freedom of information coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or call 604.279.8171 (Lower Mainland), toll-free 1.866.266.9405.