

Participant / Worker / Client name

## Form FPWC003

Form for people in Lifetime Care, Workers Care and CTP Care

## Travel log for approved treatment and rehabilitation services

Participant / Claim number

Participants, workers and clients can use this travel log to help record kilometers travelled.

Date	From	То	Km Travelled	Reason
E.g. 08/07/13	Cardiff	Newcastle	15	Rehab Specialist Appointment
		Total kms		

Please email your completed Travel Log together with your Expense Claim Form to: care-expenseclaim@icare.nsw.gov.au