



Compensation Reimbursement Invoice

Worker's name Claim No.

Employer's name Employer's Reference No.

Address Postcode

- 1. Is the worker a shift worker? Yes No
- 2. What are the worker's total hours per week? (e.g. 38 hours)
- 3. What are the worker's normal days of duty? (e.g. Mon.-Fri.)
- 4. Did the worker have any rostered or accrued days off during the compensation period claimed? Yes No
- 5. If yes, which days?
- 6. Has the worker resumed duties? Yes No When?
- 7. What was the date compensation was first paid? / /

Period (inclusive dates)

From	To	Weeks	Days	Hours	Weekly rate	Amount
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Total

Important

- 1. If compensation relates to Time Lost Visiting a Doctor and is less than one day, show "TLVD" against period and indicate hours lost each visit.
- 2. Ensure that medical certificates supporting periods of absence are submitted.
- 3. Specify actual dates. Do not use "week ending" or "retrospective".

Date / / Employer's Signature Contact Name