Application for reimbursement of approved transport expenses

Participant details



This form is for requesting a refund of approved transport expenses. For you to be reimbursed, **you must seek approval** from your Support Planner. Expenses incurred without prior approval may not be reimbursed.

Please attach receipts for expenses. Please scan (or photograph) this form and your receipts and email to your Support Planner or requests@niis.qld.gov.au, or return to: NIISQ Agency, GPO Box 1391, Brisbane, Qld 4001.

Date	Case num	mber			
First name	Middle name	Surname			
Payment to be made to:	☐ Participant ☐ Other				
Name of person seeking reir	mbursement (if not Participant)				
First name	Middle name	Surname			
Relationship to Participant (if	[;] not Participant)				
Phone	Mobile				
Email					
Confirm bank account details	s:				
☐ Please use the bank acco	ount details previously provided to the N	IISQ Agency.			
☐ This is the first time I hav	e made a request for reimbursement, or	my bank account details have changed.			
•	IISQ Bank Details form so we know which alternatively, you can request this form from	account to reimburse the funds to. This form can be m your Support Planner.			
Request for reimburs	sement submitted by				
Name		Date			
Acknowledgment ☐ I confirm that the informa	ation given on this form is true and correc	ct to the best of my knowledge.			

The National Injury Insurance Agency, Queensland (NIISQ Agency) is collecting your personal information to perform our functions under the National Injury Insurance Scheme, Queensland (NIISQ). We collect, use, disclose and store your personal information in accordance with the Information Privacy Act 2009 (Qld), the National Injury Insurance Scheme (Queensland) Act 2016 (Qld) and the National Injury Insurance Scheme (Queensland) Regulation 2016 (Qld). Your personal information will not be released unless the disclosure is permitted or required by law. Further information on how NIISQ Agency handles your personal information can be found in our privacy policy or by contacting our Privacy Officer on 1300 607 566 or NIISQ-Privacy@niis.qld.gov.au.

Details of transport expenses for reimbursement

* supporting receipts or tax invoices must be attached

Journey details											
Date	Time and place	Time and place finished	Method (please tick)				Cost of trip	Cost of Parking	Kms travelled	Reasons for travel (e.g. doctor	
	commenced		Bus	Train	Taxi / Uber	Car	(if not by car)		(private car travel only)	appointment)	
		1	1			Total:					