



# Application for Reimbursement of Expenses

- Travel Expenses
- Medication
- Meals and Accommodation
- Clothing
- Other Expenses

## INSTRUCTIONS :

Please read carefully before filling in form. In order to be reimbursed, the worker must have notified the CSST, using the Worker's Claim form, of the incident giving rise to this application for reimbursement.

### IMPORTANT

Fill out the appropriate section(s) based on the type of expenses for which you are claiming reimbursement.

Attach **originals** of all receipts and prescriptions (essential for reimbursement). Securely attach them to the form, ensuring that the CSST file number is indicated on each document.

If the person accompanying the worker because of the worker's state of health is claiming expenses, he or she must properly fill out section 2 and provide the information required concerning the worker. The medical prescription authorizing the accompanying person must also be attached to the form.

If the CSST has granted an advance on travel expenses, the amount of the advance must be entered in space provided.

For quick processing, forward the claim to the CSST regional office handling the file.

Claims for travel, meals or accommodation expenses must be made within 6 months of the date on which the expenses were incurred.

### TRAVEL EXPENSES

#### Public transport

Travel by public transport (bus, subway, train, ferry) is reimbursed on an actual cost basis. Attach receipts if the carrier issues one as a matter of practice.

#### Automobile

The costs of using an automobile are reimbursed at the rate of \$0.145 per kilometer.

**Note.** Please contact if you are unable to use public transport or if you have special needs that could result in an additional expense for you.

#### Taxi

If travel by taxi is authorized by the CSST and required under medical prescription, the actual cost of the taxi fare is reimbursed upon presentation of receipts.

#### Parking and tolls

Parking and tolls are reimbursable on an actual cost basis.

#### Travelling more than 100 kilometres from home

If you decide to travel more than 100 kilometer from your home for treatment that is available closer, **contact us before you undertake such a trip.** We may authorize the trip if it is the most economical appropriate solution. Otherwise, you would be entitled to be reimbursed for the equivalent of a 200 kilometer round trip.

### MEDICATION

Clearly indicate the name of each drug and the name of the prescribing physician. Attach originals of all receipts.

### MEALS AND ACCOMMODATION EXPENSES

#### Meals

As a general rule, meal expenses are reimbursed only if the destination is more than 16 kilometres from the worker's home.

Meals actually taken will be reimbursed upon presentation of original receipts and under the following conditions:

- If the worker must leave home before 7:30 a.m., breakfast is reimbursed up to \$10.40;
- If the worker must leave home before 11:30 a.m., and return home after 1:30 p.m., lunch is reimbursed up to \$14.30;
- If the worker must leave home before 5:30 p.m., and return home after 6:30 p.m., dinner is reimbursed up to \$21.55.

#### Accommodation

Expenses for staying in a hotel or with a relative or friend must be authorized by the CSST. These expenses are reimbursed upon presentation of receipts according to the following rates :

- Hotel Accommodation
- **Island of Montreal:** to a maximum of \$116 per night
- **Communauté urbaine de Québec:** to a maximum of \$106 per night
- **Hull, Laval, Longueuil :** to a maximum of \$96\* per night
- **Elsewhere in Quebec :** to a maximum of \$79\* per night
- Allowance granted for each day of travel requiring hotel accommodation: \$5.50.
- Lodging with a relative or friend: \$21.10 per night.

\* Between January 1 and October 31 of each year, the \$96 and \$79 maximums are increased to \$100 and \$83 respectively.

### CLOTHING

Briefly describe any damage to your clothing at the time of the accident.

Specify the type of expenses incurred (cleaning, repair, replacement) and attach the bills. When claiming replacement of clothing, indicate the purchase price of the damaged item.

**Note.** Under the Act, cleaning, repair, or replacement of clothing is not fully reimbursable. In this case, reimbursement is subject to a deductible amount, amended on January 1 of each year.

### OTHER EXPENSES

Use section 7 to claim all other expenses incurred as a result of the work-related accident, and which are not mentioned elsewhere in the form.

For reimbursement of expenses for services, clearly indicate the following:

- the period during which the service was provided;
- the supplier's name;
- the type of service;
- the number of children (in the case of childcare services);
- the amount of the expenses incurred (amount claimed)

Attach the original medical prescription, if any, and all receipts. Contact your local CSST office if you require further information.



# Application for Reimbursement of Expenses

For worker

For person accompanying the worker

Other

<b>① Person applying for reimbursement</b>				<b>② Worker reference</b>			
Family name and first name <i>TREMBLAY PIERRE</i>				CSST File No. <i>103 940 3381</i>		Date of event Year: <i>2005</i> Month: <i>01</i> Day: <i>03</i>	
Address <i>1151 HILL STREET</i>				Social Insurance Number <i>999 999 999</i>			
Postal code <i>QUÉBEC</i>		Téléphone No. <i>614 322 000 0000 0000</i>					

③ Travel Expenses (attach original receipts)										
Date		From	To	Reason for travel			Method of transportation used	Distance of round trip (km)	Amount Claimed	
Month	Day			Physio (✓)	Occ. Therapy (✓)	Other (Specify)			Transportation	Parking and tolls
<i>01</i>	<i>22</i>	<i>Home</i>	<i>PHYSIO CLINIC</i>	✓			<i>BUS</i>		<i>3.50</i>	
<i>01</i>	<i>23</i>	<i>Home</i>	<i>LAVAL HOSPITAL</i>			<i>DOCTOR APPOINTMENT</i>	<i>CAR</i>		<i>4.16</i>	<i>1.25</i>

## CSST Regional Offices

**ABITIBI-TÉMISCAMINGUE**  
33, rue Gamble Ouest  
ROUYN-NORANDA (Québec)  
J9X 2R3  
(819) 797-6191  
1-800-668-2922  
Fax: (819) 762-9325

1185, rue Germain, 2<sup>e</sup> étage  
VAL-D'OR (Québec)  
J9P 6B1  
(819) 354-7100  
1-800-668-4593  
Fax: (819) 874-2522

**BAS-SAINT-LAURENT**  
180, rue des Gouverneurs  
C.P. 2180  
RIMOUSKI (Québec)  
G5L 7P3  
(418) 725-6100  
1-800-668-2773  
Fax: (418) 725-6237

**CHAUDIÈRE - APPALACHES**  
835, rue de la Concorde  
SAINT-ROMUALD (Québec)  
G6W 7P7  
(418) 839-2500  
1-800-668-4613  
Fax: (418) 839-2498

**CÔTE-NORD**  
700, boulevard Laure  
Bureau 236  
SEPT-ÎLES (Québec)  
G4R 1Y1  
(418) 964-3900  
1-800-668-5214  
Fax: (418) 964-3959

235, boulevard La Salle  
BAIE-COMEAU (Québec)  
G4Z 2Z4  
(418) 294-7300  
1-800-668-0583  
Fax: (418) 294-7325

**ESTRIE**  
Place Jacques-Cartier  
1650, rue King Ouest  
Bureau 204  
SHERBROOKE (Québec)  
J1J 2C3  
(819) 821-5000  
1-800-668-3090  
Fax: (819) 821-6116

**GASPÉSIE — ÎLES-DE-LA-MADELEINE**  
163, boulevard de Gaspé  
GASPÉ (Québec)  
G4X 2V1  
(418) 368-7800  
1-800-668-6789  
Fax: (418) 368-7855

200, boulevard Perron Ouest  
NEW-RICHMOND (Québec)  
G0C 2B0  
(418) 392-5091  
1-800-668-4595  
Fax: (418) 392-5406

**ÎLE-DE-MONTRÉAL**  
1, complexe Desjardins  
Tour du Sud, 34<sup>e</sup> étage  
C.P. 3, succursale place Desjardins  
MONTRÉAL (Québec)  
H5B 1H1  
(514) 906-3000  
Fax: (514) 906-3200

**LANAUDIÈRE**  
432, rue de Lanaudière  
C.P. 550  
JOLIETTE (Québec)  
J6E 7N2  
(450) 753-2600  
1-800-461-4489  
Fax: (450) 756-6832

**LAURENTIDES**  
163, de Martigny Ouest, 6<sup>e</sup> étage  
SAINT-JÉRÔME (Québec)  
J7Y 3R8  
(450) 431-4000  
1-800-465-2234  
Fax: (450) 436-1765

**LAVAL**  
1700, boulevard Laval  
LAVAL (Québec)  
H7S 2G6  
(450) 967-3200  
Fax: (450) 668-1174

**LONGUEUIL**  
25, boulevard La Fayette  
LONGUEUIL (Québec)  
J4K 5B7  
(450) 442-6200  
1-800-668-4612  
Fax: (450) 442-6373

**MAURICIE-CENTRE-DU-QUÉBEC**  
1055, boulevard des Forges  
Bureau 200  
TROIS-RIVIÈRES (Québec)  
G8Z 4J9  
(819) 372-3400  
1-800-668-6210  
Fax: (819) 372-3286

**OUTAOUAIS**  
15, rue Gamelin  
C.P. 1454  
GATINEAU (Québec)  
J8X 3Y3  
(819) 778-8600  
1-800-668-4483  
Fax: (819) 778-8699

**QUÉBEC**  
425, rue du Pont  
C.P. 4900, succursale Terminus  
QUÉBEC (Québec)  
G1K 7S6  
(418) 266-4000  
1-800-668-6811  
Fax: (418) 266-4015

**SAGUENAY — LAC-SAINT-JEAN**  
Place du Fjord  
901, boulevard Talbot  
C.P. 5400  
CHICOUTIMI (Québec)  
G7H 6P8  
(418) 696-5200  
1-800-668-0087  
Fax: (418) 545-3543

Complexe du Parc  
1209, boulevard Sacré-Coeur  
6<sup>e</sup> étage  
C.P. 47  
SAINT-FÉLICIEN (Québec)  
G8K 2P8  
(418) 679-5463  
1-800-668-6820  
Fax: (418) 679-5931

**SAINT-JEAN-SUR-RICHELIEU**  
145, boulevard Saint-Joseph  
C.P. 100  
SAINT-JEAN-SUR-RICHELIEU  
(Québec)  
J3B 6Z1  
(450) 359-2100  
1-800-668-2204  
Fax: (450) 359-1307

**VALLEYFIELD**  
9, rue Nicholson  
C.P. 478  
SALABERRY-DE-VALLEYFIELD  
(Québec)  
J6T 4M4  
(450) 377-6200  
1-800-668-2550  
Fax: (450) 377-8228

**YAMASKA**  
2710, rue Bachand  
C.P. 430  
SAINT-HYACINTHE (Québec)  
J2S 8B6  
(450) 771-3900  
1-800-668-2465  
Fax: (450) 773-8126

77, rue Principale  
Bureau RC-4  
GRANBY (Québec)  
J2G 9B3  
(450) 378-7971  
Fax: (450) 776-7256

26, place Charles-De Montmagny  
Bureau 102  
SOREL -TRACY (Québec)  
J3P 7E3  
(450) 743-2727  
Fax: (450) 746-1036

**For information :** Call you local CSST office at the telephone number listed above. Always give your name, telephone number, health insurance card number, the date of the work-related event and your CSST file number.

You can print this form our website [www.csst.qc.ca](http://www.csst.qc.ca), by clicking on *Forms*.

