



Claim for Travelling Expenses

Use this form for

Travel under the *Veterans' Entitlements Act 1986*, *Military Rehabilitation and Compensation Act 2004*, *Safety, Rehabilitation and Compensation Act 1988* and the *Australian Participants in British Nuclear Tests (Treatment) Act 2006* for travel relating to Treatment, a Disability Claim and Income Support Claim.

Do NOT use this form for

Travel relating to the Administrative Appeals Tribunal, the Veterans' Review Board or the Specialist Medical Review Council. Use the D803 form for these purposes - contact your State Office or Veterans' Affairs Network (VAN) office.

Information

For information, please read the DVA Factsheets, available from your State Office or VAN, or visit our website www.dva.gov.au. Refer to Factsheet HSV02.

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

[Read more: How DVA manages personal information.](#)

Filling in your claim

You must complete all relevant questions in the **CLAIMANT** sections.

You may claim travelling expenses online by visiting www.myaccount.dva.gov.au

Please retain your receipts (over \$30) for 4 months. You may be requested to provide them to DVA during this period.

Complete this form carefully as an incorrect and/or incomplete form may be returned to you for completion.

Claim period

To receive payments for travel, you must lodge the form within **12 months** after completion of travel.

Contact details

1300 550 454 (metro) **1800 550 454** (country)

Please send your completed form to:

**Department of Veterans' Affairs
GPO 9998 in your State capital city**

Claimant's details

Your surname

Given names

DVA File Number

Contact phone

E-mail address

Home address

POSTCODE

Postal address

(if different from home address)

POSTCODE

If you are a person authorised to act on behalf of the claimant in matters relating to this claim, please give name and address

Full name

Address

POSTCODE

To receive maximum benefits travel should be to the closest practical provider

Claimant's Travel details

Trip 1

Date / / Time am/pm

Which Health Provider did you attend?

Type of provider

Name of provider

Provider phone No. []

Suburb POSTCODE

What is the trip for?

Treatment Disability claim
 Income Support Hospital admission
 Other - please specify

What were you treated for (e.g. arthritis, right knee)?

For the return trip - what are you claiming?

Private vehicle km Public transport \$
Taxi \$ Community \$
Air \$ Road tolls \$
Parking fees \$

Did DVA arrange/pay for this travel?

(e.g. booked car with driver, air travel or ambulance)
No Yes

Did you require accommodation?

No
Yes ▶ Type of accommodation
 Commercial Private Subsidised
Length of stay nights Amount paid \$

Did you travel with a medically required attendant?

No Yes ▶ Did you pay for a separate room when travelling with your medically required attendant?
No Yes N/A

Trip 2

Date / / Time am/pm

Which Health Provider did you attend?

Type of provider

Name of provider

Provider phone No. []

Suburb POSTCODE

What is the trip for?

Treatment Disability claim
 Income Support Hospital discharge
 Other - please specify

What were you treated for (e.g. arthritis, right knee)?

For the return trip - what are you claiming?

Private vehicle km Public transport \$
Taxi \$ Community \$
Air \$ Road tolls \$
Parking fees \$

Did DVA arrange/pay for this travel?

(e.g. booked car with driver, air travel or ambulance)
No Yes

Did you require accommodation?

No
Yes ▶ Type of accommodation
 Commercial Private Subsidised
Length of stay nights Amount paid \$

Did you travel with a medically required attendant?

No Yes ▶ Did you pay for a separate room when travelling with your medically required attendant?
No Yes N/A

Claimant's or Authorised Person's Declaration

I declare that the details I have provided in this form are correct to the best of my knowledge.

I understand that giving false or misleading information is a serious offence.

Claimant's or authorised person's signature

Date / /