STATE OF NEW YORK
WORKERS' COMPENSATION BOARD

CLAIMANT'S RECORD OF MEDICAL AND TRAVEL EXPENSES

CLAIMANT'S NAME	WCB CASE NO.	SOCIAL SECURITY NO.
RESIDENTIAL ADDRESS	MAILING ADDRESS (IF DIFFERENT)	

In connection with the above workers compensation case, you are entitled to be reimbursed for (1) drugs, crutches or any apparatus properly prescribed by your doctor and for (2) carfares, mileage or other necessary expenses going to and from your doctor's office or the hospital.

To help you keep a record of such expenses we have provided this form. In order to help insure that you are properly reimbursed, it is SUGGESTED that you list each item below--whether or not you obtained a receipt (wherever possible obtain receipts). **When you have a hearing, bring this completed form and all receipts or bills with you and give them to the W.C. Law Judge.** It is suggested that you retain a copy of the receipts and bills for your records.

En el caso de compensación obrera aquí numerado usted tiene derecho a reembolso por (1) medicamentos muletas, o cualquier otro artefacto debidamente recetado por su médico y por (2) gastos de transportación, millaje o cualquier gasto necesario para viajar a la oficina del médico ó al hospital y regresar.

Para ayudarle a mantener dicha cuenta de gastos le proveemos esta forma. Para asegurar que usted sea debidamente reembolsado, le SUGERIMOS que identifique cada partida independientemente si tiene recibo ó no (siempre que sea posible obtenga recibo). **Cuando tenga audiencia señalada traiga esta forma con todos los recibos o facturas y entregueselos al Juez**. Le sugerimos que retenga copia de los recibos y facturas.

NATURE OF EXPENSE / TIPO DE GASTOS	DATE / FECHA	AMOUNT / CANTIDAD

THE WORKERS' COMPENSATION BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT DISCRIMINATION.
LA JUNTA DE COMPENSACIÓN OBRERA EMPLEA Y SIRVE A PERSONAS INCAPACITADAS SIN DISCRIMINAR.

NATURE OF EXPENSE / TIPO DE GASTOS	DATE / FECHA	AMOUNT / CANTIDAD