



Read [Practice Direction: Fees and Expenses](#) for additional information. Please print.

Injured Worker's Name: _____ WSIAT No. _____
 _____ dd / mm / yyyy
 Hearing Location: _____ Hearing Date: _____ Time: _____

1. PAYEE INFORMATION

Name of Person Claiming Expenses: _____
 Address: _____
 City/Town: _____ Province: _____ Postal Code: _____

2. OUT-OF-POCKET EXPENSES FOR HEARINGS

Note: Out-of-pocket expenses may only be claimed by a worker or witness who lives outside the metropolitan area where the hearing takes place.

A) MEANS OF TRANSPORTATION (please attach receipts): **AMOUNT CLAIMED**

Air Train Bus \$ _____ Transportation (A): \$ _____
 Automobile Kilometres: _____ X 40 cents \$ _____

B) HOTEL ACCOMMODATION (Receipt must be attached) Accommodation (B): \$ _____

C) MEALS (Maximum allowance is \$51 per day)
 Breakfast: X \$12 = \$ _____ Meal (C): \$ _____
 Lunch: X \$16 = \$ _____
 Dinner: X \$23 = \$ _____

D) PARKING (Maximum allowance is \$5 without receipt, \$10 with receipt) Parking (D): \$ _____

TOTAL AMOUNT CLAIMED: \$ _____

E) COMMENTS:

3. ATTENDANCE BY INJURED WORKER OR WITNESS AT THE HEARING

Note: If you lost wages when you attended the hearing as a party or a witness, you may receive a maximum of \$55.48 for a half day and \$110.96 for a full day of lost wages. Any amounts sent with a summons will be deducted.

Did you lose wages on the hearing day(s)? Yes No How many hours? _____

4. SIGNATURE OF PERSON CLAIMING EXPENSES

Signature: _____ Date: _____
 _____ dd / mm / yyyy

*** Please attach all applicable receipts to the Hearing Expense Claim Form.**

FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Witness fee (if loss of wages occurred): Half Day: \$55.48; Full Day: \$110.96 Amount Allowed: \$ _____

Approved by: _____ Total Amount to be Paid to Payee: \$ _____

Title: _____ Date: _____
 _____ dd / mm / yyyy

NOTICE: Information on this form is collected for the purpose of proceedings with respect to the *Workplace Safety and Insurance Act, 1997, S.O. 1997, c. 16, Schedule A*. In some cases, it may be necessary for the Tribunal to collect additional information related to the matter. All information is collected pursuant to the *Workplace Safety and Insurance Act, 1997, sections 102, 123, 124, 129, 132 and 134*. Questions about the collection of information should be directed to the Privacy Coordinator, Workplace Safety and Insurance Appeals Tribunal, 505 University Ave., Toronto, Ontario M5G 2P2 (416) 314-8800.