GIO WORKERS COMPENSATION
REIMBURSEMENT INVOICE

Worker's name

Claim No.

Employer's name

Employer's Reference

Address

State   Postcode

1. Is the worker a shift worker?   Yes ☐   No ☐

2. What are the worker's total hours per week? (e.g. 38 hours)

3. What are the worker's normal days of duty? (e.g. Mon – Fri)

4. Did the worker have any rostered or accrued days off during the compensation period claimed?   Yes ☐   No ☐

5. If yes, which days?

6. Has the worker resumed duties?   Yes ☐   No ☐   When?

7. What was the date compensation was first paid?

8. Is JobKeeper Allowance being claimed for this employee?   Yes ☐   No ☐

Employer banking details:

Account Name: BSB: Account number:

Date From	Date To	Normal Hourly Rate	Hours Lost	Hours Worked	Amount Earned*	Total Amount Claimed

*is the amount paid by employer for hours worked

Total:

Important

1. If compensation relates to Time Lost Visiting a Doctor and is less than one day, show "TLVD" against period and indicate hours lost each visit.

2. Ensure that medical certificates supporting periods of absence are submitted.

3. Specify actual dates. Do not use "week ending" or "retrospective".

4. Please ensure all sections have been completed, including details on any Jobkeeper allowance claimed.

Employer's Signature   Date

                                         /   /

Contact name

GIO