GIO Workers Compensation – Western Australia

Reimbursement Invoice

Worker's name _____ Claim No. _____

Employer's name _____ Employer's Reference No. _____

Address _____

Suburb _____ 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? / /

Period (inclusive dates)

From	To	Weeks	Days	Hours	Weekly Rate	Amount
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					$	$
					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".

Date / /

Employer's Signature _____

Contact name _____

AAI Limited ABN 48 005 297 807 trading as GIO.
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