

DEPARTMENT OF FAMILY MEDICINE - TRAVEL REIMBURSEMENT FORM
Family Medicine Resident Education Weekend
Residents from Cape Breton, Annapolis Valley, South West Nova, PEI

The Algonquin Resort, St. Andrews, NB September 19 - 21, 2019

For questions on how to complete, please contact your Site Administrator.

Part 1

Name _____ Date Submitted _____

Site _____

Address to which
reimbursement
to be sent _____

Part 2 Actual Travel Expenses

(To be completed on return by traveller)

Transportation \$ _____ **(Mileage if applicable \$.44 per KM)**

My site provided group transportation ___yes___ no _____
If you car pool please indicate the name of the driver

Accommodations \$ _____ **(Attach Original and Detailed Receipt)**

Meals \$ _____ 52.00 **(per diem for meals not provided)**
Thursday lunch, Saturday lunch (\$14.00 x 2), Saturday supper (\$24.00)

Other \$ _____ **(Attach Original and Detailed Receipt)**

\$ _____
Total Expense Claimed

*Please note room reimbursement will be for 50% of the room charge per resident.
Please note if your site is providing group transportation individual transportation will not be reimbursed.
Please note all expenses must be submitted by **October 29, 2019** to qualify for reimbursement
(expenses will not be reimbursed after this date).*

Signature of Claimant

Part 3 Approval of Claimed Expenses

Application approved _____
Name of Site Administrator (please print)

Signature of Site Administrator

Date of approval _____