

DEPARTMENT OF FAMILY MEDICINE - TRAVEL REIMBURSEMENT FORM
Residents from Cape Breton
Family Medicine Resident Education Weekend
Digby Pines Resort, NS September 20 - 22, 2018

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 \$ _____ 48.00 (per diem for meals not provided)
(Thursday breakfast and lunch, Saturday dinner)

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 31, 2018** 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 _____