

Out-of-Province Travel Subsidy Claim Form



Manitoba Health (6-digit) registration number:

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Patient's name: _____

Street/P.O.: _____

City/Town: _____ Postal code: _____

Telephone number: _____
Home Work

Date of departure: _____

Date of return: _____

Method of transportation used:

- Airplane
- Bus
- Train
- Car

Attach your **original** cancelled airline, train, or bus ticket or e-ticket (i.e., electronic internet ticket) when you return. If you had to pay a "change fee" to reschedule your flight, include the original receipt from the airline. Be sure to include your Manitoba Health registration number and your full address in the space provided above.

Mail your request to:

Out-of-Province Claims
Manitoba Health
300 Carlton Street
Winnipeg, MB R3B 3M9

For more information, please call us.

Telephone: (204) 786-7303
Toll-free: 1-800-392-1207 extension 7303

Signature

Date