



NAME		PRACTITIONER #	PAYMENT #
LOCUM TELEPHONE NUMBER (INCLUDE AREA CODE)		LOCUM EMAIL ADDRESS	
LOCUM ASSIGNMENT FOR COMMUNITY OF		PHYSICIAN	

LOGUM DATES	
FROM YYYY MM DD	TO YYYY MM DD

**** TRAVEL TIMES AND DATES MUST BE INDICATED IN FULL ****

DATE OF VISIT	HOME → COMMUNITY		COMMUNITY → HOME		TOTAL HOURS	As per contract		
	TIME LEFT	TIME ARRIVED	TIME LEFT	TIME ARRIVED		HOURLY RATE	TOTAL	
						\$	\$	
						\$	\$	
						\$	\$	
						\$	\$	
							TOTAL	\$

TRAVEL REIMBURSEMENT CLAIM ** Original receipts are required

Air Travel **	\$
Vehicle Travel _____ # of km X 47¢ (includes cost of gas)	\$
Ferry Costs **	\$
Misc (itemized) ** (e.g. parking, taxi, car rental)	\$

ACCOMMODATION

\$70.00, plus tax – May 1 to Sep 30; \$65.00, plus tax – Oct 1 to Apr 30

Hotel ** _____ nights X \$ _____ /per night	\$
---	----

MEALS ALLOWANCE

- Breakfast may only be claimed when on travel status at 7:00 a.m. or before
- Dinner may only be claimed when on travel status at 6:00 p.m. or after
- Any meal provided at no cost shall not be claimed
- If no meal is claimed, you may claim \$14.00 for incidentals

Breakfast	\$22.00	\$
Lunch	\$22.00	\$
Dinner	\$28.50	\$
Breakfast and Lunch	\$30.00	\$
Breakfast and Dinner	\$36.50	\$
Lunch and Dinner	\$36.50	\$
Breakfast, Lunch and Dinner	\$46.00	\$
Incidentals (only if no meals)	\$14.00	\$

TOTAL EXPENSE CLAIM \$

FOR MSP USE ONLY
ADJ. CODE 90 \$
ADJ. CODE 91 \$
INITIATED BY
DATE
VERIFIED BY
DATE
APPROVED BY (SPENDING AUTHORITY)
DATE
COMPLETED BY
DATE

RETURN CLAIM FORM TO:
 Rural Practice Programs
 Physician Compensation
 3-2, 1515 Blanshard Street
 Victoria BC V8W 3C8

Phone: 250 952-1104, Fax: 250 952-3486

RURAL GP LOCUM PROGRAM TRAVEL EXPENSE SUMMARY

Expenses must be paid directly when incurred and then claimed for reimbursement.
ORIGINAL RECEIPTS MUST BE SUBMITTED.

AIR TRAVEL EXPENSES	Air travel is to be used only where other, less expensive forms of transportation are not possible or reasonable for the particular trip. Where air travel is required, the most economical airfare shall be obtained. Travel agent fees will be accepted at a rate of 4 percent. Original Receipts Are Required.
FERRY TRAVEL EXPENSES	Claims for the full cost of ferry travel will be reimbursed. Staterooms are not an allowable expense, except when required for overnight accommodation. Original Receipts Are Required.
VEHICLE EXPENSES	Reimbursement will be made at 47c per kilometre for private vehicle mileage incurred while travelling to and from the community. Mileage while on business in the community is not reimbursed under the Rural GP Locum Program.
RENTAL CAR EXPENSES	Reimbursement will be made for rental cars only when the physician is required to fly into a neighbouring community due to no airport in the community where the locum services are to be provided. Original Receipts Are Required.
PARKING EXPENSES	Parking charges will be reimbursed when driving a private, lease or rental vehicle. Original Receipts Are Required.
BUSINESS TELEPHONE CALLS	The cost of business-related telephone calls incurred while travelling will be reimbursed. Original receipts are required (e.g. Charges on hotel bills, home/business telephone bills, etc.). Personal telephone calls will not be separately reimbursed since an allowance for them is included in the per diem entitlement.
ACCOMMODATION EXPENSES	Reimbursement for overnight accommodation for the period May 1 to September 30 will not exceed \$70.00, plus tax. For the period October 1 to April 30 reimbursement will not exceed \$65.00, plus tax. Original Receipts Are Required.
MEAL & PER DIEM ALLOWANCE	<p>The current daily per diem of \$46.00 includes meals and an allowance of \$14.00 for incidental expenses. Please refer to the RGPLP Application for Expenses for applicable amount that may be claimed when you are on travel status during a mealtime. The amount for incidentals is payable for a full or partial day and it covers such expenses as gratuities, portorage, and personal telephone.</p> <p>Breakfast may only be claimed when on travel status at 7:00 a.m. Dinner may only be claimed when on travel status at 6:00 p.m. Any meal provided at no cost shall not be claimed. No receipt is required to claim allowance for meals and incidentals.</p>
TRAVEL TIME ALLOWANCE	<p>Travel time is calculated from the time the physician leaves his/her residence/office to the time he/she arrives in the community and from the time he/she leaves the community to the time he/she returns home, to a maximum of \$600.00 per return trip. Travel time will be reimbursed as follows:</p> <ul style="list-style-type: none">Less than 1 hour - \$50.001 to 4 hours - \$300.00over 4 hours - \$600.00 (maximum)
EXPENSE REIMBURSEMENT	All expenses should be summarized on a Claim Form, and submitted to your Ministry contact person, along with all original receipts. Claims must be submitted prior to April 30 for the previous fiscal year.

For further information in regard to expense reimbursement for travel please consult Health Insurance BC (HIBC) at 1 866 456-6950 (press 1, press 3) or, if calling from Vancouver: 1 604 456-6950 (press 1, press 3).