



RURAL SPECIALIST LOCUM PROGRAM
APPLICATION FOR PAYMENT OF TRAVEL HONORARIUM AND DAILY RATE

Form with fields: LOCUM - LAST NAME, FIRST NAME, TELEPHONE NUMBER, PRACTITIONER #, PAYMENT #, LOCUM ASSIGNMENT FOR COMMUNITY OF, HOST PHYSICIAN - LAST NAME, FIRST NAME, SPECIALTY, OFFICE-BASED ASSIGNMENT, ON-CALL ASSIGNMENT

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

LOCUM DATES: FROM (YYYY MM DD) TO (YYYY MM DD)

TRAVEL HONORARIUM table with columns: DATE OF VISIT, HOME -> COMMUNITY, COMMUNITY -> HOME, TOTAL HOURS, TOTAL. Includes note: As per contract, \$1,000 per round trip

PLEASE INDICATE DAYS SERVICE WAS PROVIDED

DAILY RATE table with columns: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY, SATURDAY, SUNDAY, TOTAL # OF DAYS. Includes note: As per contract, \$1,000 per 24 hour period

FOR RSLP USE ONLY form with fields: ADJ. CODE L3, ADJ. CODE L2, INITIATED BY, DATE, VERIFIED BY, DATE, APPROVED BY (SPENDING AUTHORITY), DATE, COMPLETED BY, DATE

Please contact the health authority you are providing the services for regarding all other incurred expenses (i.e., meal and per diem allowances, travel expenses, accommodation), if applicable.

Please mail or fax applications to: Rural Practice Programs, Physician Compensation, Ministry of Health Services, 2-1, 1515 Blanshard Street, Victoria BC V8W 3C8, Telephone: 250 952-1104, Fax: 250 952-3486