



This form can be submitted weekly or at the conclusion of your locum assignment.
Payments are processed in the middle and at the end of each month.
Please submit an application separately for travel expenses and travel honorarium, if applicable.

Form with fields: NAME, PRACTITIONER #, PAYMENT #, LOCUM TELEPHONE NUMBER, LOCUM EMAIL ADDRESS, LOCUM ASSIGNMENT FOR COMMUNITY OF, PHYSICIAN

LOCUM DATES
FROM YYYY MM DD TO YYYY MM DD

PLEASE INDICATE DAYS SERVICE WAS PROVIDED

Table with columns: DAILY RATE, As per contract, \$750 per 24 hour period, MONDAY DD/MM, TUESDAY DD/MM, WEDNESDAY DD/MM, THURSDAY DD/MM, FRIDAY DD/MM, SATURDAY DD/MM, SUNDAY DD/MM, TOTAL # OF DAYS

Host Physician or Office Manager Signature
Locum Physician Signature

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

FOR RGPLP USE ONLY
ADJ. CODE 42 \$
INITIATED BY
DATE
VERIFIED BY
DATE
APPROVED BY (SPENDING AUTHORITY)
DATE
COMPLETED BY
DATE