

RURAL CONTINUING MEDICAL EDUCATION (RCME) EXPENSE CLAIM FORM – BELLA BELLA

For completion by MD's who practice & reside within a Rural Practice Subsidiary Agreement (RSA) VCH community and are eligible to receive funding as per the [Rural Programs](#) overseen by the Joint Standing Committee and Ministry of Health.

Instructions:

• Please print or type in the following information below. • Original receipts must be attached with each claim. • Please tape loose receipts to a blank letter sized page for expedited processing. • If claims are in foreign currency (e.g. USD), please attach a copy of your credit card statement along with the original receipts. • Credit Card statements or receipts without itemized details are not accepted.

Note: • Should a claim exceed the current funds available for a provider the claim will be placed on hold until the Ministry has provided VCH with the funding. Partial payments cannot be processed.

PERSONAL INFORMATION:		GROUP FUNDS: <input type="checkbox"/>	INDIVIDUAL FUNDS: <input type="checkbox"/>
Name:			MSP:
Hon. Payable to:			
Phone:			
Address:			
City:			
Province:	Postal Code:		
Email:			
GP or list Speciality:			
CHEQUE SHOULD BE MADE PAYABLE TO: (Please check one only): <input type="checkbox"/> PERSONAL <input type="checkbox"/> PROFESSIONAL CORPORATION			
COURSES/CONFERENCES/MEETINGS	LOCATION	DATE(S)	

EXPENSES <i>(original receipts required)</i>		TOTAL AMOUNT
<i>Proof of registration, attendance and CME credit hours is required.</i>		
Registration Fees: <i>cost of social events are not eligible</i>		
Travel: Accommodation <i>(at conference rate)</i>		
Travel: Airfare		
Travel: Taxi / Parking		
Travel: Car Rental		
Travel: Mileage	KM @ \$.52 per km. <i>Google Maps KM start/end acceptable</i>	
Meal Allowance:	Original Receipts per VCH policy or \$75.00 max per day.	
Overhead:	Days - up to \$600 per day. <i>For days away from Practice.</i>	
Supplies: Textbooks, Software, On-line medical software		
Supplies: Computer <i>(eligible to claim every 2 years from initial purchase)</i>		
TOTAL REQUESTED		

Claimants Signature	Date

Dr. Lauri-Ann Shearer, Local Medical Director	Date

**Mail completed claim forms with all original receipts & LMD approval to: Physician Relations & Compensation
c/o: Julian Jamieson, #1100 – 601 Broadway, Vancouver, BC V5Z 4CZ**