

## RURAL CONTINUING MEDICAL EDUCATION (RCME) EXPENSE CLAIM FORM – POWELL RIVER

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:		
<p>CHEQUE SHOULD BE MADE PAYABLE TO: (Please check one only):</p> <p><input type="checkbox"/> PERSONAL                      <input type="checkbox"/> PROFESSIONAL CORPORATION</p>		
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>	
<b>TOTAL REQUESTED</b>	

Claimants Signature	Date

Dr. Ross Brown, Interim Local Medical Director	Date

**Mail completed claim forms with all original receipts to: Medical Affairs Powell River Hospital  
c/o: Pat van Schaik – 5000 Joyce Avenue, Powell River, BC V8A 5R3**