



Form with fields: NAME, TELEPHONE NUMBER, PRACTITIONER #, PAYMENT #, ADDRESS, CITY, PROVINCE, POSTAL CODE, VISITING THE COMMUNITY(S) OF, DATE(S) OF VISIT, EMAIL ADDRESS, SPECIALTY, ARE YOU RECEIVING FUNDING FOR TRAVEL EXPENSE / TIME FROM ANY OTHER SOURCE FOR THIS VISIT?, IF YES, FROM WHERE? (E.G. APP, HA)

** TRAVEL TIMES, DATES & NUMBER OF PATIENTS MUST BE INDICATED IN FULL **

Table with 6 columns: COMMUNITIES, DATE OF TRAVEL, HOME / COMMUNITY TIME LEFT, HOME / COMMUNITY TIME ARRIVED, COMMUNITY / HOME TIME LEFT, COMMUNITY / HOME TIME ARRIVED. Includes a sub-table for PATIENT CONTACT DATA with columns COMMUNITIES and TOTAL PATIENTS SEEN.

** Original receipts required

TRAVEL REIMBURSEMENT CLAIM

Table with 2 columns: Description (Air Travel, Vehicle Travel, Ferry Costs, Misc), Amount (\$)

ACCOMMODATION

According to government rates - see Accommodation Expenses on page 2

Table with 2 columns: Hotel (nights X \$ /per night), Amount (\$)

MEALS ALLOWANCE

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

Table with 4 columns: Meal Type, Rate, Status (X), Amount (\$)

TOTAL EXPENSE CLAIM \$

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

Return Claim form to:

Northern & Isolation Travel Assistance Outreach Program (NITAOP) Ministry of Health, Workforce Planning, Compensation and Beneficiary Services PO Box 9649 Stn Prov Govt Victoria BC V8W 9P4

Phone: 888 952-2754, Fax: 250 952-3486

NITAOP TRAVEL EXPENSE SUMMARY

EXPENSE CLAIMS ARE FOR PHYSICIAN'S TRAVEL ONLY

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	Effective April 1, 2016 reimbursement will be made at 54¢ per kilometre for private vehicle mileage incurred while travelling to and from the community and while on business in the community (this includes the cost of gas).
RENTAL CAR EXPENSES	Reimbursement will be made for rental cars only when it is required for transportation for the specialist or family medicine physicians to provide approved services in more than one community or when the physician is required to fly into a neighboring community due to no airport in the community where the services are to be provided. Original Receipts Are Required.
TAXI EXPENSES	Taxi charges will be reimbursed for transportation within the community while on business. 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	Effective April 1, 2016 reimbursement for overnight accommodation will be paid by Rural Programs according to the approved list of accommodations offering government rates. Please refer to the web site for a listing of approved accommodations offering government rates: http://csa.pss.gov.bc.ca/businesstravel . For a comprehensive guide to accommodation policy and procedure, please see the NITOAP Accommodation Guide . For any questions about your accommodation, please contact us before you travel at 888-952-2754. Original Receipts Are Required.
MEAL & PER DIEM ALLOWANCE	<p>The current daily per diem of \$49.00 includes meals and an allowance of \$14.00 for incidental expenses. Please refer to the NITAOP Application for Expenses for the 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, portage, and personal telephone.</p> <p>Breakfast may only be claimed when on travel status before 7:00 a.m. Dinner may only be claimed when on travel status after 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	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 \$1500.00 per return trip. Travel time will be reimbursed as follows: Less than 2.5 hours - \$250.00, 2.5 to 4 hours - \$500.00, 4 to 10 hours - \$1000.00, and over 10 hours - \$1500.00 (maximum). New travel rates are effective April 1, 2013.
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 June 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

The information on this form is collected under s.26(c) of the *Freedom of Information and Protection of Privacy Act* and will be used to place locum physicians as needed and to ensure continuous care for rural communities. If you have any questions about the collection and use of this information, please contact the Rural Practice Programs at 888 952-2754.