



SECTION ONE: ACCOUNTING DETAILS

Name and Address of Payee *(please print clearly)*

Name

Address

City / Province

Postal Code

Shaded Areas for Learner Completion

Date Prepared

ROTATION DETAILS

Rotation Dates: From: _____ to _____ # of Weeks: _____

Location: _____ **Current University:** _____

Preceptor(s): _____

EXPENSE DETAILS

*For allowable expenses, please refer to the **Travel and Accommodation Policy** on the website: <http://www.romponline.com/medical/Accommodations.cfm>*

			TOTAL EXPENSES	
			Cdn. \$	GST Charged
Accommodation <i>(where you lived while on rotation)</i>	Claiming Accommodations?			
_____	Yes _____ No _____			
Address				

City	If yes, rental amount: →			
Commute <i>(claiming daily commute from above address* in lieu of claiming accommodations)</i>				
_____	_____	_____		
Distance per day (km)	Number of Days	Total km		
		@ \$0.40/km: →		
			-	
<i>*Please note that commute can only be claimed between two ROMP communities as per ROMP policy</i>				
Travel <i>(all funded rotations are eligible for one round trip per month)</i>				
Round trip kilometers are based on predetermined distances found on the ROMP website.		Round Trip km: →		
		Round Trip Amount: →	-	
<i>Please note: ROMP will not process reimbursement until we receive an evaluation of your rotation.</i>				
		Total Expenses : →	-	

Payment Options: McMaster Cheque. *Please Complete Section Below*

MAILING INSTRUCTIONS Mail Cheque Addressed Envelope Attached

Cheque Identification - to be printed on the Cheque stub. Limit 24 characters

ROMP Rotation _____

Travel Services Authorization

SECTION TWO: DECLARATION

Paulette Kennedy (705) 445 - 7667 ROMP
Department Contact Telephone Number Date Department

Declaration By Claimant:

By signing this document, I confirm that the above information is accurate and in accordance with the ROMP Travel and Accommodation Policies.

ROMP Use Only

Evaluation Completed

Funding Type: _____

X _____
 Signature of Claimant Printed Name Telephone and E-mail Address