Rural Ontario Medical Program

Rotation Expense Report
CLERK

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** _____

Community: _____ **Current University & Campus:** _____

Preceptor(s): _____
Primary Preceptor Preceptor 2 Preceptor 3

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. $	HST Charged
Accommodation *(where you lived while on rotation)* **Claiming Accommodations?** Yes ____ No ____ Address ____ City ____ If yes, rental amount: →		
Commute *(claiming daily commute from above address* in lieu of claiming accommodations)* Distance per day (km) ____ Number of Days ____ Total km ____ @ $0.40/km: →		
**Please note that commute must exceed 35 km one way, as per ROMP policy*		
Travel *(all funded rotations are eligible for* ***one*** *round trip per rotation)* Round trip kilometers are based on predetermined distances found on ROMP website: www.romponline.com/common/ROMPTravel.cfm Round Trip km: → Round Trip Amount: →		
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**

ROMP Use Only
Evaluation Completed ☐
Rotation schedule Received ☐

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.

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

Please note that ROMP will not process any rotation funding until we receive a completed copy of your rotation evaluation and calendar of education activity. All documents must be submitted within 60 days of the final day of the rotation.