



Rural Ontario Medical Program

Clinical Clerk Expense Report

FULL NAME: _____ EMAIL : _____

MAILING ADDRESS: (cheque to be mailed to) _____

STREET

BOX

PHONE NO.:

CITY/TOWN _____ POSTAL CODE _____

ELECTIVE DATES: _____ TO _____

(Number of Weeks) 4 Weeks 6 Weeks Other

LENGTH OF ROTATION: 5 Weeks 8 Weeks Specify: _____

TYPE OF ROTATION: Core Elective MEDICAL SCHOOL: _____

EXPENSE BREAKDOWN

Please see our website for details on what you can claim for expenses. It's www.romponline.com. Go to the "For Undergrads" page and follow the links.

Accommodation: _____ amount \$ _____

(Please attach receipts for accommodation)

Travel: (No. of km's X .30 cents) _____ amount \$ _____

Grand Total \$: _____

**PRECEPTOR NAME: _____

ADDRESS: _____

STREET

BOX

CITY/TOWN

POSTAL CODE _____ PHONE NO.:

LENGTH OF ROTATION: (No. of Weeks) _____

**** Note: If your elective was divided between two preceptors, please complete the information below:**

SECOND PRECEPTOR NAME: _____

ADDRESS: _____

LENGTH OF ROTATION: (No. of Weeks) _____ PHONE NO.:

Clerk Signature

Date

Return to: ROMP 459 Hume St. Collingwood ON L9Y 1W9