

Signature of Claimant

Rotation Expense Report RESIDENT

Telephone and E-mail Address

Medical I	Program				KEOIDE			
SECTION ONE: ACCOL	JNTING DETAILS							
Name and Address of Payee (please print clearly)					Shaded Areas for Learner Completion			
Name								
Address				ΙГ	Date Prepared			
City / Province	Pos	stal Code						
ROTATION DETAILS								
Rotation Dates:	From:		to					
Community: Current University & Campus:								
Preceptor(s):								
Prir EXPENSE DETAILS	mary Preceptor	P	Preceptor 2			Preceptor	3	
	, please refer to the Trave	el and Acc	ommodation	Policy on		TOTAL E	XPENSES	
	romponline.com/medical/A			- -	Co	In. \$	HST Charged	
Accommodation (where	you lived while on rotation)		Claiming Acc	commodations	?			
			Yes	No				
Address								
City			If yes, r	ental amount:	\rightarrow			
Commute (claiming daily c	ommute from above address* in	lieu of claimi	ng accommodatio	ons)				
Distance per day (km	n) Number of	Davs		Fotal km				
Diotarios per day (ini	i, italiiboi oi	Dayo		@ \$0.47/km: —	→			
*Please note that commute me	ust exceed 35 km one way, as p	er ROMP pol	licy	·				
•	are eligible for one round trip per based on predetermined distance		R	ound Trip km:—	→			
	mponline.com/common/ROMPT		Round	Trip Amount: -	→			
			Tota	al Expenses : -	→			
Payment Options:	× McMaster Cheque		-					
MAILING INSTRUCTION	•			sed Envelope A	ttached			
Cheque Identification - to be printed on the Cheque stub. Limit 24 characters ROMP Rotation Travel Services Authorization								
SECTION TWO: DECLA	ARATION							
Paulette Kennedy	(705) 445 - 7667		ROMP			ROMP (Jse Only	
Department Contact	Telephone Number	Date	Department			Evaluation Com	pleted	
Declaration By Claimant:							Received	
By signing this document, I confirm that the above information is accurate and in accordance with the ROMP Travel and Accommodation Policies.								
Y	IVII TTAVELANU ACCUMINO	นสแบบ คบแ	JIGO.					

Printed Name