

Medical Office Staff Reimbursement Form

Name:

Reimbursement Rate:

\$20 hour (to cover meeting time only)

<i>Date</i>	<i>Event Name</i> (If committee, meeting or project provide name)	<i>Activity</i> (e.g. preparation, presentation, attendance)	<i>Hours</i> (round to nearest 0.5 or 1.0 hr)	<i>Billable Expenses</i> (original receipt must be attached for reimbursement)	<i>Code</i> (office use only)
			Total Hours:	Total Expenses:	

Make cheque payable to:

Name:	Address (street, city, province, postal code)
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Signature:	Date:	Office Use
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Submit form by fax or email to:

Denise Ralph - Executive Director
 Richmond Division of Family Practice
 Fax: 604-484-2195
 Email: richmond@divisionsbc.ca

Approved By:	Date:	Office Use
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