



NAME	TELEPHONE NUMBER	PRACTITIONER #	PAYMENT #
ADDRESS	CITY	PROVINCE	POSTAL CODE
VISITING THE COMMUNITY(S) OF	DATE(S) OF VISIT		
EMAIL ADDRESS	SPECIALTY		

**\*\* TRAVEL TIMES, DATES & NUMBER OF PATIENTS MUST BE INDICATED IN FULL \*\***

PHYSICIANS VISITING ONLY ONE COMMUNITY, PLEASE COMPLETE THIS SECTION					
COMMUNITY	DATE OF TRAVEL	HOME → COMMUNITY		COMMUNITY → HOME	
		TIME LEFT	TIME ARRIVED	TIME LEFT	TIME ARRIVED

PHYSICIANS VISITING MORE THAN ONE COMMUNITY, PLEASE COMPLETE THIS SECTION					
COMMUNITIES	DATE OF TRAVEL	HOME → COMMUNITY		COMMUNITY → HOME	
		TIME LEFT	TIME ARRIVED	TIME LEFT	TIME ARRIVED

PATIENT CONTACT DATA			
COMMUNITY	FOLLOW-UP VISITS	NEW CONSULTS	TOTAL PATIENTS SEEN

**\*\* Original receipts required**

**TRAVEL REIMBURSEMENT CLAIM**

Air Travel **	\$
Vehicle Travel _____ # of km X 50¢ (includes cost of gas)	\$
Ferry Costs **	\$
Misc (itemized) ** (e.g. parking, taxi, car rental)	\$

**ACCOMMODATION**

Up to a maximum of \$120.00 plus applicable taxes

Hotel ** _____ nights X \$ _____ /per night	\$
---	----

**MEALS ALLOWANCE**

- Breakfast may only be claimed when on travel status before 7:00 a.m.
- Dinner may only be claimed when on travel status after 6:00 p.m.
- Any meal provided at no cost shall not be claimed
- If no meal is claimed, you may claim \$14.00 for incidentals

Breakfast	\$22.00	X	\$
Lunch	\$22.00	X	\$
Dinner	\$28.50	X	\$
Breakfast and Lunch	\$30.00	X	\$
Breakfast and Dinner	\$36.50	X	\$
Lunch and Dinner	\$36.50	X	\$
Breakfast, Lunch and Dinner	\$49.00	X	\$
Incidentals (only if no meals)	\$14.00		\$

**TOTAL EXPENSE CLAIM** \$

FOR MSP USE ONLY	
ADJ. CODE	\$
ADJ. CODE	\$
INITIATED BY	
DATE	
VERIFIED BY	
DATE	
APPROVED BY (SPENDING AUTHORITY)	
DATE	
COMPLETED BY	
DATE	

Return Claim form to:  
NITAOP Program  
3-2, 1515 Blanshard Street  
Victoria BC V8W 3C8  
Phone: 250 952-2754  
Fax: 250 952-3486

# NITAOP TRAVEL EXPENSE SUMMARY

## EXPENSE CLAIMS ARE FOR PHYSICIAN'S TRAVEL ONLY

Expenses must be paid directly when incurred and then claimed for reimbursement. **ORIGINAL RECEIPTS MUST BE SUBMITTED.**

<b>AIR TRAVEL EXPENSES</b>	Air travel is to be used only <b>where other, less expensive forms of transportation are not possible</b> or reasonable for the particular trip. Where air travel is required, <b>the most economical airfare shall be obtained.</b> Travel agent fees will be accepted at a rate of 4 percent. <b>Original Receipts Are Required.</b>
<b>FERRY TRAVEL EXPENSES</b>	Claims for the full cost of ferry travel will be reimbursed. Staterooms are not an allowable expense, except when required for overnight accommodation. <b>Original Receipts Are Required.</b>
<b>VEHICLE EXPENSES</b>	Reimbursement will be made at 50¢ per kilometre for private vehicle mileage incurred while travelling to and from the community and while on business in the community (this includes the cost of gas).
<b>RENTAL CAR EXPENSES</b>	Reimbursement will be made for rental cars only when it is required for transportation for the specialist or family medicine physicians to provide approved services in more than one community or when the physician is required to fly into a neighboring community due to no airport in the community where the services are to be provided. <b>Original Receipts Are Required.</b>
<b>TAXI EXPENSES</b>	Taxi charges will be reimbursed for transportation within the community while on business. <b>Original Receipts Are Required.</b>
<b>PARKING EXPENSES</b>	Parking charges will be reimbursed when driving a private, lease or rental vehicle. <b>Original Receipts Are Required.</b>
<b>BUSINESS TELEPHONE CALLS</b>	The cost of business-related telephone calls incurred while travelling will be reimbursed. <b>Original receipts are required</b> (e.g. Charges on hotel bills, home/business telephone bills, etc.). Personal telephone calls will <b>not</b> be separately reimbursed since an allowance for them is included in the per diem entitlement.
<b>ACCOMMODATION EXPENSES</b>	Reimbursement for overnight accommodation will not exceed \$120.00 plus applicable taxes. <b>Original Receipts Are Required.</b>
<b>MEAL &amp; PER DIEM ALLOWANCE</b>	<p>The current daily per diem of \$49.00 includes meals and an allowance of \$14.00 for incidental expenses. Please refer to the NITAOP Application for Expenses for the applicable amount that may be claimed when you are on travel status during a mealtime. The amount for incidentals is payable for a full or partial day and it covers such expenses as gratuities, portage, and personal telephone.</p> <p>Breakfast may only be claimed when on travel status before 7:00 a.m. Dinner may only be claimed when on travel status after 6:00 p.m. Any meal provided at no cost shall not be claimed. No receipt is required to claim allowance for meals and incidentals.</p>
<b>TRAVEL TIME ALLOWANCE</b>	Travel time is calculated from the time the physician leaves his/her residence/office to the time he/she arrives in the community and from the time he/she leaves the community to the time he/she returns home, to a maximum of \$1500.00 per return trip. Travel time will be reimbursed as follows: Less than 4 hours - \$500.00, 4 to 10 hours - \$1000.00, and over 10 hours - \$1500.00 (maximum). New travel rates are effective January 1, 2004.
<b>EXPENSE REIMBURSEMENT</b>	All expenses should be summarized on a Claim Form, and submitted to your Ministry contact person, along with all original receipts. Claims must be submitted prior to June 30 for the previous fiscal year.

**For further information in regard to expense reimbursement for travel please consult Health Insurance BC (HIBC) at 1 866 456-6950**