

Locum Physician Expense Form

(See reverse for claiming guidelines)

Assignment No.: _____

Locum Physician Name: _____ **CPSO No.:** _____
Pay to (name): _____ **Telephone No.:** _____
Pay to (address): _____ **Fax No.:** _____
 _____ **Postal Code:** _____
E-mail: _____

Rural Family Physician Name: _____ **Community:** _____
Start Date: (yy/mm/dd) _____ **End Date:** (yy/mm/dd) _____ **Assignment Length:** _____ days

		Amount Claimed	Amount Paid	Discrepancy (Explain)
Stipend	FFS & FHGs _____ Days @ \$600/day	_____	_____	
	FHTs & FHNs & FHOs _____ Days @ \$700/day	_____	_____	
	RNPGAs _____ Days @ \$800/day	_____	_____	
Stipend Premiums	RIO < 60 none	_____	_____	
	RIO 60 to 75 \$50/day	_____	_____	
	RIO > 75 \$100/day	_____	_____	
Stipend Total				
Travel	Distance to Assignment _____ kms	_____	_____	
	From Assignment _____ kms	_____	_____	
	During Assignment _____ kms	_____	_____	
	TOTAL _____ kms @ \$0.44	_____	_____	
	Car Rental.....	_____	_____	
	Taxi/Parking.....	_____	_____	
	Economy Fare to and from assignment: <input type="checkbox"/> airfare <input type="checkbox"/> bus <input type="checkbox"/> train <input type="checkbox"/> Other:.....	_____	_____	
Travel Stipend	Between 2 & 4 hours travel \$300/day	_____	_____	
	Greater than 4 hours travel \$500/day placement ≥ 4 days \$300/day placement < 4 days	_____	_____	
Accommodation (maximum up to \$120/night in a hotel/motel)				
Total # of nights claimed _____				
Travel and Accommodation Total				
GRAND TOTAL				

All original receipts provided — Please photocopy your completed expense form and original receipts for your records

Physician Comments: _____

Locum Physician Signature: _____ **Date:** _____

For Office Use Only:
 Expenses Verified by: _____ Date: _____ Amount Paid: \$ _____

HealthForceOntario Marketing and Recruitment Agency
Rural Family Medicine Locum Program
 285 Victoria St., 7th Floor Tel.: 416-314-4409 North America: 1-800-596-4046
 Toronto, ON M5B 1W1 Fax: 1-866-535-2694 Email: locum@healthforceontario.ca
 www.HealthForceOntario.ca

This program is administered by the HealthForceOntario Marketing and Recruitment Agency with funding provided by the Government of Ontario

Notice of Collection: HealthForceOntario Marketing and Recruitment Agency (HFO MRA) collects your personal information under the authority of the Development Corporations Act, Ontario Regulation 249/07, Section 3. The personal information you provide to us during our interactions is necessary for HFO MRA to provide you with career assistance and/or assist you with your employment search. HFO MRA may use the information to contact you to discuss issues related to practising in Ontario and tell you about health care career and job opportunities. HFO MRA may share your personal information with appropriate agencies and professional bodies, recruiters, health care employers, the Ministry of Health and Long Term Care, and/or community representatives for the purpose of helping you explore job opportunities and careers in Ontario. HFO MRA may also use this information to research and evaluate our recruitment and career assistance activities.

If you require further information about this please contact our information coordinator at: HealthForceOntario Marketing and Recruitment Agency, 285 Victoria St., 7th Floor, Toronto, Ontario M5B 1W1. Tel: 416-314-4409 or 1-800-596-4046, Fax: 416-598-5968

