



**Travel and Accommodation Expense Claim Form
TEACHING STAFF**



Employee Name: _____

Employee #: _____

Patient's Name: _____

Patient Date of Birth: _____

Relationship to Employee: _____

A. M U S T be completed by patient's DOCTOR*.		
Date seen by regular Doctor:		
Is the service being referred available in Prince Rupert?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is it necessary for the patient to be accompanied by an attendant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Patient's Doctor (Please Print):		
Doctor's Signature		

*Part A to be completed by regular Doctor when the initial referral to a Specialist is obtained.

B. M U S T be completed by patient's SPECIALIST* for each appointment.		
Date(s) of Specialist appointment (s):		
Name of Patient's Specialist (Please Print):		
Area of Speciality:		
Will further Specialist appointments be required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialist's Signature		

*Part B to be completed for each trip to the Specialist that is being submitted for remuneration.

C. To be completed by EMPLOYEE – Travel Expenses Original* itemized receipts must be attached.			This area to be completed by the School Board Office
From	To	Amount Claimed	
			Approved Amount

* Airline baggage fees are the responsibility of the claimant. * Original receipts will not be returned.

D. To be completed by EMPLOYEE – Accommodation Expenses Original* itemized receipts must be attached (hotel accommodation at \$65.00 per day x 7 days for patient only – NOT provided for attendant).				This area to be completed by the School Board Office
Accommodation Name	Location	# of Days	\$ Claimed	
				Approved Amount

* Original receipts will not be returned.

Employee Signature

Date of Application

Signature - School District Representative

Signature – PRDTU Representative

\$ _____
Total Approved



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COLLECTIVE AGREEMENT

Appendix A

Medical Travel Benefits Plan

1. Benefits:

Teachers in the employ of School District No. 52, who are members of the PRDTU while enrolled as members under Medical Travel Benefits Plan and their dependants while registered shall be entitled to benefits payable at 100% for the following medical travel expenses.

- a. Transportation for a member and/or his/her dependants by scheduled air, rail, bus or airport ferry to and from the nearest locale equipped to provide the treatment required when ordered by the attending Physician and Surgeon because, in his/her opinion, adequate treatment is not available locally. Private auto reimbursed at the equivalent bus expense. Said transportation must be within two months of referral and will not be provided to points beyond Vancouver, B.C.
- c. Accommodation in a commercial facility for the patient only, before and after medical treatment to a maximum of \$65.00 per day for a total of seven (7) days, in cases where transportation has been provided under (a).

2. Payment of Benefits:

- a. All claims must be submitted on an approved form to the Board Office within 90 Days of the date on which the expense was incurred.
- b. The teachers' physician must provide a statement that the service required is not available locally. It is expected that the services of a travelling specialist providing service in Prince Rupert will be used whenever possible.

**TAKE THIS FORM WITH YOU TO YOUR SPECIALIST
AS THEY MUST ALSO SIGN THIS FORM.**