Rural Ontario Medical Program	Rotation Expense Report CLERK
SECTION ONE: ACCOUNTING DETAILS Name and Address of Payee (please print clearly)	
rame and Address of Fayes (please print oleany)	Shaded Areas for Learner
Name	Completion
Address	Date Prepared
City / Province Postal Code	
City / Frovince Fostar Code	
ROTATION DETAILS	
Rotation Dates: From: to	
Community: Current University	v & Campus:
Preceptor(s): Primary Preceptor Preceptor 2	Preceptor 3
EXPENSE DETAILS	Toodpto. 0
For allowable expenses, please refer to the Travel and Accommodation I	
the website: http://www.romponline.com/medical/Accommodations.cfm	Cdn. \$ HST Charged
	ommodations?
Address Yes	No
Address	
City If yes, re	ental amount:
Commute (claiming daily commute from above address* in lieu of claiming accommodation	ns)
Distance per day (km) Number of Days T	otal km
	@ \$0.47/km: —— >
*Please note that commute must exceed 35 km one way, as per ROMP policy	
	ound Trip km: ——
Round trip kilometers are based on predetermined distances found on ROMP website: www.romponline.com/common/ROMPTravel.cfm Round	Trip Amount:
	Il Expenses :
Payment Options: X McMaster Cheque. Please Complete Section Be	
MAILING INSTRUCTIONS	sed Envelope Attached
Cheque Identification - to be printed on the Cheque stub. Limit 24 characters	
ROMP Rotation	Travel Services Authorization
SECTION TWO: DECLARATION	
Paulette Kennedy (705) 445 - 7667 ROMP Department Contact Telephone Number Date Department	ROMP Use Only Evaluation Completed
Declaration By Claimant: By signing this document, I confirm that the above information is accurate and in	
accordance with the ROMP Travel and Accommodation Policies.	
X	
Signature of Claimant Printed Name	Telephone and E-mail Address