



Rural Ontario Medical Program

Rotation Expense Report RESIDENT

SECTION ONE: ACCOUNTING DETAILS

Name and Address of Payee (please print clearly)

Name

Address

Apartment/Suite Number

City / Province

Postal Code

Shaded Areas for Learner
Completion

Date Prepared:

ROTATION DETAILS

Rotation Dates: From: to

Community: Current University & Campus:

Preceptor(s):
Primary Preceptor Preceptor 2 Preceptor 3

EXPENSE DETAILS

For allowable expenses, please refer to the **Travel and Accommodation Policy** on the website: <https://romponline.com/travel-and-accommodation-policy/>

TOTAL EXPENSES

Cdn. \$ HST Charged

Accommodation (where you lived while on rotation)

Address

City

Claiming Accommodations?

Yes No

*receipt required

If yes, rental amount: →

Commute (claiming daily commute from above address** in lieu of claiming accommodations)

Distance per day (km)

Number of Days

Total km

@ \$0.70/km: →

*Please note that commute must exceed 35km one way, as per ROMP policy

Travel (all funded rotations are eligible for one round trip per rotation)

Round Trip km: →

Round trip kilometers are based on predetermined distances found on ROMP website: <https://romponline.com/romp-distance-calculator/>

Round Trip Amount: →

Total Expenses:

Payment Options: ☒ Electronic Funds Transfer (EFT) Please Complete Section Below

Travel Services Authorization

SECTION TWO: DECLARATION

Barb Price (705) 445 - 7667

ROMP

Department Contact Telephone Number Date Department

Declaration By Claimant:

By signing this document, I confirm that the above information is accurate and in accordance with the ROMP Travel & Accommodation Policies, and I am not claiming rotation funding from any other source.

X

Signature of Claimant

Printed Name

Telephone and E-mail Address

ROMP Use Only

Evaluation Completed ☐
EFT Form ☐
Rotation Schedule ☐
Received ☐

Please note that ROMP will not process any rotation funding until we receive a completed copy of your rotation evaluation and calendar of academic activity.