1	2	1
	Ì	
	S	
	ROM	2

Rural Ontario Medical Program

Rotation Expense Report RESIDENT

CTION ONE: ACCOUNTING DETAILS

SECTION ONE: ACCOUNTING DETAILS Name and Address of Payee (please print clearly)			Shaded Areas for Learner Completion				
Name			-				
	Iress Apartment/Suite Number			Date Prepared:			
Address	Apartment/						
City / Province		Postal Code	-				
	0						
ROTATION DETAIL	5						
Rotation Dates:	From:		to				
Community:		Current Univer	sity & Campu	us:			
Preceptor(s):		-					
	Primary Preceptor	Preceptor 2			Pre	ceptor 3	
EXPENSE DETAILS							
		I and Accommodation Polic	y on		1	EXPENSES	
	nponline.com/travel-and-acc	· · ·			Cdn. \$	HST Charged	
Accommodation (wi	here you lived while on rotation)		ccommodati				
Address		Yes Yes		_			
			rental amoun	t:>			
City							
Commute (claiming da	aily commute from above addres	ss** in lieu of claiming accommod	ations)				
Distance per day	(km) Numbe	er of Days	Total km				
*Please note that comm	ute must exceed 35km one wa	ay, as per ROMP policy	@ \$0.70/kr	n: —			
	ons are eligible for one round t		Round Trip k	xm: ——•			
Round trip kilo	meters are based on predetermined	distances found on					
ROMP website	: https://romponline.com/romp-distar		nd Trip Amou				
Payment Options:	X McMaster Che	T eque. Please Complete Section	otal Expense Below	es : ——•			
MAILING INSTRUC		•	ressed Envelo	pe Attached			
	on - to be printed on the chequ						
ROMP Rotation				Travel	Services A	uthorization	
SECTION TWO: DE	CLARATION						
Paulette Kennedy	(705) 445 - 7667	ROMP				Use Only	
Department Contac	t Telephone Number	r Date Departme	nt		Evaluation Cor	npleted	
Declaration By Claimant:							
		oove information is accurate cies, and I am not claiming			Received	—	
		วเธง, anu i am nut ciaiming		ig nom any C			
Signature of Clair	mant Printed	l Name	Telep	hone and E-	mail Address	;	
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.