

Mac-CARE ROTATION TRAVEL EXPENSE FORM

NAME AND ADDRESS OF PAYEE (Please Print Clearly)

Learner Last Name:	Learner First Name:	Date Completed:
Program: UG <input type="checkbox"/> or PG Program _____	Level of Learner: UG _____ PG _____	Learner Academic Home Base Campus Location:
Learner Current Residence Address:		Telephone:
City/Province	Postal Code	Email:
Mailing Address for Cheque: <input type="checkbox"/> SAME AS ABOVE		

ROTATION INFORMATION

Rotation Specialty:	Rotation Start Date:	Rotation End Date:
Leave of Absence/Vacation during the above rotation dates: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dates absent:	
Rotation Location:	Facilitated by Campus: Burlington <input type="checkbox"/> GE6N <input type="checkbox"/> Halton <input type="checkbox"/> NRC <input type="checkbox"/> Osler <input type="checkbox"/> WRC <input type="checkbox"/>	
Preceptor Name(s) - please list all that apply:		

EXPENSE DETAILS

If your rotation was identified as ELIGIBLE for learner funding, which funding expense option did you choose for this rotation (1) Housing or (2) Travel - please check only one:

1) Housing arranged by Mac-CARE: * OR 2) Travel – commuted daily to rotation site (do not list travel dates below, maximum funding will be allotted):

* If Housing arrangements were arranged, attendance to mandatory academic sessions (35 kms or greater), may be eligible for mileage reimbursement.

Please complete dates travelled below. **Proof of attendance must be submitted with Travel Expense Form in order for the claim to be considered.**

DATE	Travel from:	Travel to:	REASON FOR TRAVEL	
			Academic	Clinical

DECLARATION and AUTHORIZATIONS

***By signing this document, I confirm that the above information is accurate and in accordance with the Mac-CARE Travel and Housing Policy and has been submitted within 60 days of last date of rotation.**

Learner's Signature*		Printed Name:	
Department Contact/Preparer: Aimee Horkoff	Telephone: 22264	Department: Mac-CARE Program	Address: DBHSC - 1005
Signature of Approving Officer	Printed Name: Carrie Grigg	Department and Title: Mac-CARE Program, Manager	

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