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| **Name** | **Employee Number** | **Position** |
|  |  |  |
| **Home Address** | **Regional Vaccine Clinic**  (check off the RHA that applies) | |
|  | * Interlake (100 Easton Drive, Selkirk) * Northern (Thompson Regional Community Centre, 226 Mystery Lake Road, Thompson) * Prairie Mountain (Keystone, 1-1175 18th Street, Brandon) * Southern (294 Lumber Avenue, Steinbach) * Southern (111 Gilmour Road, Morden) * Winnipeg (RBC 375 York Avenue, 2nd & 3rd Floor, Winnipeg) | |
| **Phone Number** | **Email Address** | |
|  |  | |
| **Employee Signature** | **Date** | |
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| **A. Travel Status Declaration**  You are in **Travel Status** if **ALL** of the following applies:   * You are being assigned to a clinic site which is **greater than 150km away** from your designated regional public health clinic. * You are working at the clinic site for **two or more consecutive days**. * You are on **Employer-approved** deployment. | | | |
|  | **No**, I am notin travel status.  Proceed to **Section B**. **DO NOT** fill Section C. |  | **Yes**, I am in travel status.  Proceed to **Section C**. **DO NOT** fill Section B. |

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| **B. Not in Travel Status Claims**  You are eligible to claim for mileage and parking expenses incurred while being temporarily reassigned to other locations. |
| B.1 Mileage  Step 1: Determine the kilometres between your residence and your designated regional vaccine clinic. Use the most direct route.  Step 2: Determine the kilometres between your residence and the site to which you are travelling. Use the most direct route.  Step 3: Subtract your result in Step 1 from your result in Step 2. This will determine your Eligible Distance Travelled.  Step 4:  \_\_\_\_\_\_\_\_\_km (Distance Travelled) x 0.43 (Mileage Rate) = $\_\_\_\_\_\_\_\_\_\_ (Amount Claimed)   |  |  |  |  | | --- | --- | --- | --- | | Date | Location of Assigned Site | Eligible Distance Travelled | Amount Claimed | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| B.2 Parking Expense (Receipts Required)   |  |  |  | | --- | --- | --- | | Date | Amount | Total | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Total = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **C. In Travel Status Claims** |
| C.1 Mileage  Step 1: Determine the kilometres between your residence and your designated regional vaccine clinic. Use the most direct route.  Step 2: Determine the kilometres between your residence and the site to which you are travelling. Use the most direct route.  Step 3: Subtract your result in Step 1 from your result in Step 2. This will determine your Eligible Distance Travelled.  Step 4:  \_\_\_\_\_\_\_\_\_km (Distance Travelled) x 0.43 (Mileage Rate) = $\_\_\_\_\_\_\_\_\_\_ (Amount Claimed) |
| |  |  |  |  | | --- | --- | --- | --- | | Date | Location of Assigned Site | Eligible Distance Travelled | Amount Claimed | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C.2 Parking Expense (Receipts Required)   |  |  |  | | --- | --- | --- | | Date | Amount | Total | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Total = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C.3 Per Diem  Claim for each full day (24 hours) in travel status **in lieu of individual meal claims**. Refer to Travelling Navigator and Immunizer Handbook for maximum rates.   |  |  |  | | --- | --- | --- | | Date | Amount | Total | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  |   Total = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| C.4 Meal Allowance  This section is for claiming Breakfast, Lunch, Dinner, and Incidentals. Claim only if in Travel Status during the noted hours. Refer to Travelling Navigator and Immunizer Handbook for maximum rates and time requirements.   |  |  |  |  | | --- | --- | --- | --- | | Date | Expense (Specify) | Amount | Total | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   Total = $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **CODING** | | | | | |
| **Cost Centre** | **Cost Centre Name** | **Expense Code** |  | **Expense Code Name** | **Amount** |
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| **Initiated By (Print) – if not claimant** | **Phone Number** | **Date** |
|  |  |  |
| **Authorized By (Print)** | **Authorized Signature** | **Date** |
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**All Shared Health Employees (Clinical, Non-Clinical, Clinic Managers) should sign and forward claim forms to their Regional Manager or Designate of their assigned vaccine clinic for coding and approval.**