## BCR REIMBURSEMENT FORM

## **BC RENAL NETWORK**

The BC Renal Network acknowledges that our offices are located on the traditional, unceded territory of the Coast Salish, home of the Musqueam, Tsleil-Waututh, and Squamish peoples.

260 - 1770 W. 7th Ave

Expense Recipient





ailing Address  ty, Province, ostal Code    Mailing Instruction / Notes for EFT Notification			including recei	Invoice Date  Invoice Date  It Plan / Purpo se specify)  Ipts).  PST d (only if specified on receipt)	TOTAL
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Mailing Instruction / Notes for EFT Notification  Fund  (please check one of the boxes below)  RRP  PD Support Fund  BCR - Admin / Working Group / Committee  Additional Pharmacy Services Funding  Ubmission Check List  Itemized bills for meals are required.  For electronic submissions, please attach copies of supporting documents (receipts/invoices) with this claim.  For electronic submissions, please convert Excel, jpeg, or all other file formats to PDF before submission. Submittee  DATE  MM/DD/YYYY)  DESCRIPTION OF EXPENSES  UN  ILEAGE (\$0.70/KM)  No.of S  ESSIONAL FEES (1 session = 3.5 hours; rate = \$622.45/session) Effective Apr 2022  No. of S  RAVEL & ACCOMMODATION (Airfare, Ferry, Taxi, Parking, Hotel and Meals, etc.)	mit ONE P	TOTAL (excluding GST & PST)	including recei	ipts).  PST d (only if specified on receipt)	
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AVEL & ACCOMMODATION (Airfare, Ferry, Taxi, Parking, Hotel and Meals, etc.)		Rate 622.45	N/A	N/A	
	f Sessions	Rate			
		664.47	N/A	N/A	
I IN	N/A	A	В	С	A+B+C
	N/A				
	N/A				
ONFERENCE & EDUCATION (Conference Registration Fee, Course Fee, Tuition, etc.)	N/A	A	В	С	A+B+C
	N/A				
N	N/A				
THERS (Equipment, Meeting Expense, Sundry, etc.)		А	В	С	A+B+C
N	N/A				
N	N/A				
TO: The BCR will not reimburse any liquor costs	OTAL	-	-	-	
LEASE ATTACH ORIGINAL RECEIPTS AND/OR INVOICES WITH THIS CLAIM (in particular,				_	

Medical Director
\*\*\*Required for RRP Claims ONLY

Renal Director/Manager/Lead

BCR