

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.

200 - 1333 West Broadway
Vancouver, BC V6H 4C1



SECTION A: REMITTANCE INFORMATION

Cheque Payable to		Invoice Number		Invoice Date	
Mailing Address		Contact Number / Email			
City, Province, Postal Code		Mailing Instruction / Notes for EFT Notification			

SECTION B: SOURCE OF FUNDING

Fund (please check one of the boxes below)	Renal Unit / Working Group / Committee (please specify)	Commitment Plan / Purpose (please specify)
<input type="checkbox"/> RRP	<input type="checkbox"/> UHNBC	
<input type="checkbox"/> PD Support Fund	<input type="checkbox"/> CDU : _____	
<input type="checkbox"/> BCR - Admin / Working Group / Committee		
<input type="checkbox"/> Additional Pharmacy Services Funding	Committee: _____	

Submission Check List

- ☐ Itemized bills for meals are required.
- ☐ For paper 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. Submit ONE PDF per claim (including receipts).

SECTION C: EXPENSE DETAILS

DATE (MM/DD/YYYY)	DESCRIPTION OF EXPENSES	UNITS	TOTAL (excluding GST & PST)	GST (only if specified on receipt)	PST (only if specified on receipt)	TOTAL
MILEAGE (\$0.70/KM)		No. of KMs				
			-	-	N/A	-
SESSIONAL FEES (1 session = 3.5 hours ; rate = \$684.40/session) Effective Apr 2024		No. of Sessions	Rate			
			684.40	N/A	N/A	-
				N/A	N/A	-
TRAVEL & ACCOMMODATION (Airfare, Ferry, Taxi, Parking, Hotel and Meals, etc.)			A	B	C	A+B+C
		N/A				-
		N/A				-
		N/A				-
		N/A				-
CONFERENCE & EDUCATION (Conference Registration Fee, Course Fee, Tuition, etc.)			A	B	C	A+B+C
		N/A				-
		N/A				-
OTHERS (Equipment, Meeting Expense, Sundry, etc.)			A	B	C	A+B+C
		N/A				-
		N/A				-
TOTAL			-	-	-	-

(**) The BCR will not reimburse any liquor costs

PLEASE ATTACH ORIGINAL RECEIPTS AND/OR INVOICES WITH THIS CLAIM (in particular, itemized bills for meals are required)

Expense Recipient	Renal Director/Manager/Lead	Medical Director ***Required for RRP Claims <u>ONLY</u>	BCR