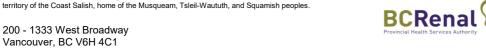
## BCR REIMBURSEMENT FORM

## **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.







SECTION A: REMITTANCE INFORMATION									
Cheque Payable to				Number				Invoice Date	
Mailing Address	ing Address		Contac	ct Number / Email					
City, Province, Postal Code				Instruction / or EFT Notification					
SECTION B: SOURCE OF FUNDING									
Fund Renal Unit / Working Group / Commi						Commitment Plan / Purpose			
(please check one of the boxes below)			(please specify)			(please specify)			
□ RRP				☐ UHNBC					
□ PD Support Fund			□ CDU:						
BCR - Admin / Working Group / Committee									
☐ 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)	Y) 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 FEE	S ( 1 session = 3.5 hours ; ra	ate = \$684.40/session)	ffective Apr 20	24	No. of Sessions	Rate			
						684.40	N/A	N/A	
							N/A	N/A	_
TRAVEL & ACC	OMMODATION (Airfare, Fe	erry, Taxi, Parking, Hotel	and Meals, etc	:.)		A	В	C	A+B+C
					N/A				-
					N/A				-
					N/A				-
					N/A				-
CONFERENCE & EDUCATION (Conference Registration Fee, Course Fee, Tuition, etc.)						A	В	С	A+B+C
					N/A				-
					N/A				-
OTHERS (Equipment, Meeting Expense, Sundry, etc.)						Α	В	С	A+B+C
					N/A				-
					N/A				-
(**) The BCR will not reimburse any liquor costs					TOTAL	-	-	- [	-
PLEASE ATTACH ORIGINAL RECEIPTS AND/OR INVOICES WITH THIS CLAIM (in particular, itemized bills for meals are required)									
				(432)				,	
Expense Recipient Renal		Renal Director/Manager/L	Medical Director anager/Lead ***Required for RRP Claims <u>ONLY</u>					BCR	