

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	Vancouver Coastal Health Authority	Invoice Number		Invoice Date	
Mailing Address	Renal Program - JP PAV S 1ST FLR RM 1628	Contact Number / Email			
City, Province, Postal Code	855 12TH AVE W, Vancouver, BC, V5Z 1M9	Mailing Instruction / Notes for EFT Notification			

SECTION B: SOURCE OF FUNDING

Fund <small>(please check one of the boxes below)</small>	Renal Unit / Working Group / Committee <small>(please specify)</small>	Commitment Plan / Purpose <small>(please specify)</small>
<input type="checkbox"/> RRP	<input type="checkbox"/> VGH <input type="checkbox"/> PHC	
<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)

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Expense Recipient

Renal Director/Manager/Lead

Medical Director
***Required for RRP Claims ONLY

BCR