

**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"/> SI <input type="checkbox"/> CI	
<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
<b>MILEAGE (\$0.72/KM)</b>		No. of KMs				
			-	-	N/A	-
<b>SESSIONAL FEES ( 1 session = 3.5 hours ; rate = \$684.40/session) Effective Apr 2024</b>		No. of Sessions	Rate			
			684.40	N/A	N/A	-
				N/A	N/A	-
<b>TRAVEL &amp; ACCOMMODATION (Airfare, Ferry, Taxi, Parking, Hotel and Meals, etc.)</b>			A	B	C	A+B+C
		N/A				-
		N/A				-
		N/A				-
		N/A				-
<b>CONFERENCE &amp; EDUCATION (Conference Registration Fee, Course Fee, Tuition, etc.)</b>			A	B	C	A+B+C
		N/A				-
		N/A				-
<b>OTHERS (Equipment, Meeting Expense, Sundry, etc.)</b>			A	B	C	A+B+C
		N/A				-
		N/A				-
<b>TOTAL</b>			-	-	-	-

(\*\*) 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 ONLY

BCR