

EMERGENCY DEPARTMENT MILEAGE CLAIM FORM

ATTN:
Provincial Locum Program
PO Box 500
Halifax, NS B3J 2S1
Tel: (902) 496-7104

MSI USE ONLY:	
RECEIVED:	
ENTERED:	
PAYMENT DATE:	

Via fax to: (902) 496-3060 (Local) Via email to: Locumprogram@medavie.ca
1-855-350-3060 (Toll Free)

LOCUM PROVIDER	PROVIDER #	DATES WORKED:
FACILITY NAME:		
TYPE OF PAYMENT:	KILOMETRES:	X RATE = AMOUNT:
LOCUM MILEAGE		
TOTAL:		

TRAVEL DETAILS:			
DATE	FROM	TO	KILOMETRES
TOTAL:			

By signing this document I am certifying that all information provided is true. I acknowledge that such information is subject to verification and that falsification of this information shall be grounds for denial and/or reimbursement of funds received from this program.

SIGNATURE OF CLAIMANT:	DATE:
SITE LEAD/AUTHORIZED PERSONNEL NAME (PLEASE PRINT):	CONTACT PHONE NUMBER:
SIGNATURE OF SITE LEAD/AUTHORIZED PERSONNEL:	DATE:

Rates effective for dates of service 01Apr18-31Mar19

*Rates and funding for the ED Mileage Claim Program are subject to change as required.