



RELOCATION ALLOWANCE CLAIM FORM

Personal Information	
Name	
Address	
Email	
Phone	
Practice Information	
Community of Practice	
Relocation Date	
Practice Start Date	

Eligible Expenses (include receipts)	Amount
Airfare	
Total Airfare	
Rental (Compact or Midsize only, U-Haul, Trailers, etc.)	
Gas or Mileage (\$0.4289/km) Total kilometers: _____	
Tolls, Parking, Taxi, Bus, Train, etc.	
Total Transportation	
Accommodation	
Total Accommodation	
Meals (if per diem rate is claimed, please state number of days)	
Total Meals	
Moving Company	
Additional Shipping Costs (Alternative carriers, vehicle, etc.)	
Total Shipping	
Miscellaneous (provide details, subject to review)	
Total Miscellaneous	

RELOCATION ALLOWANCE CLAIM FORM

Expense	Cost Element	Amount
Airfare	6262930	
Transportation	6262930	
Accommodation	6262930	
Meals	6262930	
Shipping	6262930	
Miscellaneous	6262930	
Total Amount		

Requested By	Date

Approved	Date
Cost Centre & Internal Order Number	

Please send completed forms and receipts to: PRC-claims@nshealth.ca