



SITE VISIT PROGRAM

Name	
Address	
Email	
Phone	
Sites Visited	
Date	

Airfare (include receipts)	Amount
Total Airfare	

Transportation (include receipts)	Amount
Rental (Compact or Midsize only)	
Gas or Mileage (\$0.4289/km) Total kilometers: _____	
Tolls, Taxi, Bus, Train, etc.	
Total Transportation	

Accommodation (include receipts)	Dates	Amount
Total Accommodation		

Meals (include receipts - if per diem rate is claimed, please state number of days)	Amount
Total Meals	

SITE VISIT PROGRAM

Expense	Cost Element	Amount
Airfare	6262920	
Transportation	6262920	
Accommodation	6262920	
Meals	6262920	
Total Amount		

Requested By	Date

Approved	Date
Internal Order Number & Cost Centre	

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