



**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:		
<b>FACILITY NAME:</b>				
<b>TYPE OF PAYMENT:</b>	<b>KILOMETRES:</b>	<b>X</b>	<b>RATE</b>	<b>= AMOUNT:</b>
LOCUM MILEAGE				
				<b>TOTAL:</b>

TRAVEL DETAILS:			
DATE	FROM	TO	KILOMETRES
			<b>TOTAL:</b>

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.

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

**Rates effective for dates of service 01Apr20'1' %A U&1**  
\*Rates and funding for the ED Mileage Claim Program are subject to change as required.