



**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 01Apr21!' %AU&2
 *Rates and funding for the ED Mileage Claim Program are subject to change as required.