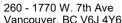
BCR REIMBURSEMENT FORM

BC RENAL NETWORK

The BC Renal Network acknowledges that our offices are located on the traditional, unceded territory of the Coast Salish, home of the Musqueam, Tsleil-Waututh, and Squamish peoples.



Expense Recipient





Vancouver, BC	V6J 4Y6							
SECTION A: R	EMITTANCE INFORMATION							
Cheque Payable to			Invoice Number				Invoice Date	
Mailing Address			Contact Number / Email					
City, Province, Postal Code			Mailing Instruction / Notes for EFT Notification					
SECTION B: S	OURCE OF FUNDING							
Fund		Renal Unit / Working Group / Committee		Commitment Plan / Purpose				
(please check one of the boxes below)		(please specify)			(please specify)			
□ RRP		□ UHNBC						
□ PD Supp	port Fund	□ CDU:						
□ BCR - A	dmin / Working Group / Committee							
_ Addition	al Pharmacy Services Funding	Committee:						
Submission Cl	heck List							
☐ For paper subm	rmeals are required. issions, please attach copies of supporting doculubmissions, please convert Excel, jpeg, or all oth	ments (receip	ots/invoices) with this claim. s to PDF before submission	n. Submit ONE I	PDF per claim (i	ncluding receip	ots).	
SECTION C: EX	XPENSE DETAILS							
DATE (MM/DD/YYYY) DESCRIPTION OF EX				UNITS	TOTAL (excluding GST & PST)	GST (only if specified on receipt)	PST (only if specified on receipt)	TOTAL
MILEAGE (\$0.70	/KM)			No.of KMs	,			
					-	-	N/A	-
SESSIONAL FEE	S (1 session = 3.5 hours ; rate = \$622.45/sess	sion) Effectiv	e Apr 2022	No. of Sessions	Rate 622.45	N/A	N/A	
SESSIONAL FEE	 S(1 session = 3.5 hours;rate = \$664.47/sess	sion) Effectiv	re Apr 2023	No. of Sessions	Rate	IN/A	IN/A	-
		,			664.47	N/A	N/A	-
TRAVEL & ACC	OMMODATION (Airfare, Ferry, Taxi, Parking	, Hotel and N	Meals, etc.)		Α	В	С	A+B+C
				N/A				_
				N/A				-
				N/A				-
				N/A				-
CONFERENCE	& EDUCATION (Conference Registration Fee	e, Course Fe	e, Tuition, etc.)	N1/A	А	В	С	A+B+C
				N/A				-
OTHERS (Fault	ment Meeting Evenence Sunday etc.			N/A	^	B	С	A+P+C
OTHERS (Equip)	ment, Meeting Expense, Sundry, etc.)			N/A	A	В		A+B+C -
				N/A				
(**) The BCR will not n	I eimburse any liquor costs			TOTAL	-	-	-	-
,								
PLEASE ATTA	CH ORIGINAL RECEIPTS AND/OR INV	OICES WIT	H THIS CLAIM (in par	ticular, itemi	zed bills for	meals are r	equired)	

Medical Director
***Required for RRP Claims ONLY

Renal Director/Manager/Lead

BCR