Ministry of Health
Primary Health Care Branch
Northern Health Programs
Email: NHP@ontario.ca
Telephone: (705) 564-7280
Toll free: 1-866-727-9959
Fax: (705) 564-7493

Statement of Expenses

Program # 140501

Instructions for completion of the Statement of Expenses

Refer to program guidelines and/or your approval letter for specific eligibility information.
Visit our website at: https://www.ontario.ca/document/northern-health-programs

Enter expenses, explanations and identification data as indicated. Submit one form for each authorized trip.

Expenses

Original receipts must be submitted with the Statement of Expenses form. Claimants living outside of Ontario will be reimbursed for travel from within Ontario or the nearest point of entry. Airfare is based on economy class. The receipt is the last page of the airline ticket or a copy of the electronic ticket. The kilometer rate for use of a personal vehicle is 41¢/km. Rental of a compact car and gasoline (with original receipts) and single occupant accommodations will be covered.

Non-allowable Expenses: meals, travel outside of Ontario (to and from the province), Canadian Medical Protective Association insurance, costs to obtain a Certificate of Registration to practice medicine in Ontario, personal long-distance telephone calls, relocation costs and expenses related to children.

Locum Remuneration

Travel Honorarium: the locum must provide a minimum of six hours of clinical service per day. Locums may claim Travel Honorarium for necessary travel within Ontario, to a maximum of four days. One honorarium may be claimed per day and it cannot be pro-rated.

Daily Stipend: the locum must provide a minimum of six hours of clinical service per day. Locums are expected to bill fee-for-service on days that they can claim an amount equal to or greater than the RNPGA Vacancy Locum Days stipend.

First-Time Claimants

Include a blank void cheque for the bank account in which you wish deposits to be made. Banking information will remain in effect until we are advised that there is a change and a blank voided cheque for the new account is provided. You are encouraged not to close the old account until at least one deposit has been made into the new account.

Submitting Claims

Please ensure that you print your name and mailing address and sign the claim prior to sending the Statement of Expenses form, with **original receipts**, to:

Ministry of Health
Primary Health Care Branch
Northern Health Programs
Email: NHP@ontario.ca

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Section 1. Statement of Expenses

Community

Description of Service: (select one) ☐ Locum ☐ Community Visit

Role Type (select one)

☐ Nursing Student ☐ Family Physician ☐ RN / RPN / NP ☐ Rehabilitation ☐ Specialist

Rate per kilometre

Date	Type	Description of Expenses	Number of Kilometers	Other Expenses $
	☐ Travel ☐ Other			
	☐ Travel ☐ Other			
	☐ Travel ☐ Other			
	☐ Travel ☐ Other			
	☐ Travel ☐ Other			
	☐ Travel ☐ Other			
	☐ Travel ☐ Other			
		Total Kilometers		
		Total Kilometers Cost		
		Total Non-Taxable Amount		

Item	Period From	Period To	Number of Days	Rate	Total
☐ Travel Honorarium					
☐ Daily Stipend					
				Total Taxable Amount	
				Gross Cost	

Section 2. Certification

This is to certify that the above expenses were incurred by me for the above stated period. While using my personally owned vehicle as shown, the vehicle insurance permitted its use for business purposes.

Claimant's Name (please print)	Claimant's Signature	Date (yyyy/mm/dd)

Claimant's Mailing Address

Unit Number	Street Number	Street Name	PO Box

City/Town	Province	Postal Code	Telephone Number ext.

Ministry use only:

I authorize this claim, being satisfied as to necessity, reasonableness and accuracy

Program Analyst	Signature	Date (yyyy/mm/dd)

TPBE	Business Unit	Cost Centre	Account	Total ($)

Recipient Number

The Ministry of Health is authorized to collect the personal information requested in this form for the purpose of properly administering the Ministry's Outreach Program under subsection 6(1) paragraph 4 or clause 6(2)(b) of the *Ministry of Health and Long-Term Care Act,* R.S.O. 1990, c. M. 26. The personal information will be used to assess, verify and monitor eligibility for payment. For information about this collection, please contact Northern Health Programs at NHP@ontario.ca, 705-564-7280 or 1-866-727-9959.