



School District 84 - Vancouver Island West

PO Box 100, #2 Highway 28

Gold River BC, V0P 1G0

Telephone: (250) 283-2241

Fax: (250) 283-7352



MEDICAL REFERRAL TRANSPORTATION REIMBURSEMENT FORM

Claimant: _____

Address: _____

Referred By: _____
Referral Physician's

Type of Practice: _____ Signature _____
(eg Dental, General Practitioner)

Physician Referred to: _____ Specializes in: _____
(eg Optometry, Cardiology)

Date of Appointment: _____ Time of Appointment _____

Specialists Signature: _____

Claim Summary: *(itemized receipts required: severed receipts and debit card slips not accepted.)*

Travel: _____ to _____ Return _____ KM @ \$.20/km = \$ _____

Ferry Fare: (Receipts Attached) \$ _____

Accommodations/Meals (Receipts Attached – Maximum \$30.00 Daily) \$ _____

TOTAL REIMBURSEMENT CLAIM: \$ _____

Claimant Signature: _____ Date: _____

OFFICE USE ONLY:

Division: _____ Code: _____ Amount: \$ _____

Secretary-Treasurer: _____ Human Resources Administrator: _____

APPROVED POINT-TO-POINT DISTANCES

From Gold River to in kilometers

Courtenay	137
Campbell River	90
Duncan.....	296
Kamloops.....	692
Kelowna.....	729
Nanaimo	245
Parksville	209
Penticton	668
Qualicum	201
Tahsis	67
Vancouver	272
Victoria	356
Vernon	782

From Zeballos to:

Gold River	35	paved / 109 unpaved
Campbell River	42	unpaved / 170 paved
Fair Harbour	38	unpaved
Port McNeill	42	unpaved / 45 paved