



**Vancouver Island West  
School District 84**

Box 100, Gold River, BC V0P 1G0

Phone: 250-283-2241 Fax: 250-283-7352

**MEDICAL REFERRAL TRANSPORTATION REIMBURSEMENT FORM**

Claimant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Referred By: \_\_\_\_\_

Type of Practice Referral Physician's Signature \_\_\_\_\_

(eg - Dental, General Practitioner)

Physician Referred to: \_\_\_\_\_ Specializes In: \_\_\_\_\_

(eg - Optometry, Cardiology)

Date of Appointment: \_\_\_\_\_ Time of Appointment: \_\_\_\_\_

Specialist's Signature: \_\_\_\_\_

**Claim Summary: (Itemized receipts required; severed receipts or debit card slips not accepted.)**

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

Ferry Fare: (Receipts Attached) \$ \_\_\_\_\_

Accommodation/Meals: (Receipts Attached - Maximum: \$30.00/daily) \$ \_\_\_\_\_

TOTAL REIMBURSEMENT CLAIM: \$ \_\_\_\_\_

Claimant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Division: \_\_\_\_\_ Code: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Secretary-Treasurer: \_\_\_\_\_ Human Resources Administrator: \_\_\_\_\_

# APPROVED POINT-TO-POINT DISTANCES

## From Gold River to:

Campbell River .....	90	Kilometres
Courtenay.....	137	
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:

Campbell River .....	42	Unpaved / 170 Paved
Courtenay.....	137	Unpaved
Gold River .....	35	Paved / 109 Unpaved