



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: \$ _____

Assistant Secretary-Treasurer: _____ Executive Assistant: _____

APPROVED POINT-TO-POINT DISTANCES

From Gold River to (in kms):

Campbell River	90
Courtenay	137
Duncan.....	296
Nanaimo	245
Parksville	209
Qualicum	201
Tahsis	67
Vancouver	272
Victoria	356

From Fair Harbour to:

Campbell River	250
Port McNeill	125

From Tahsis to:

Campbell River	157
Gold River	67

From Zeballos to:

Gold River	144
Campbell River	212
Fair Harbour	38
Port McNeill	87