

Mac-CARE ROTATI ON TRAVEL EXPENSE FORM

NAME AND ADDRESS OF PAYEE (Please Print Clearly)								
Learner Last Name:	Learner First Name:	Learner First Name:			Date Completed:			
Program:	Level of Learner:			Learner Academ	ic Home	Base Campus	Location:	
UG 🖵 or PG Program	UG	PG	_					
Learner Residence Address:	Telephone:							
City/Province	Postal Code			Email:				
Mailing Address for Cheque:								
ROTATI ON I NFORMATI ON								
Rotation Specialty:	Rotation Start Date:	Rotation Start Date: Rota			tion End Date:			
Rotation Location:	Facilitated by Campus: GE6N Burlington Halton NRC							
Preceptor Name(s): Please list all that apply								
1) 2) 3)								
EXPENSE DETAILS								
Accommodation arranged by Mac-CARE: A Commuted daily to your rotation site: * If Accommodations were arranged, and additional travel 35+ km was required for attendance to mandatory sessions required by your program, please complete below: You may be ELIGIBLE for additional travel expense funding.								
DATE	Travel from:	Travel to:		REASON FOR TRAVEL				
					Academic		Clinical	
	DECLARATI ON and	I AUTHORI ZATI ON	IS					
*By signing this document, I confirm that the above information is accurate and in accordance with the Mac-CARE Travel and Accommodation Policies and has been submitted within 60 days of last date of rotation.								
Learner's Signature* Printed Name:								
Department Contact/Preparer: Rosa Christiansen	Telephone: 22264	Department: Mac-CARE	CARE Program, Finance Coordinator Address: HSC-3N44					
Signature of Approving Officer	Printed Name: Mr. Lee Tregwin	Department and Title: Mac-CARE Program	rtment and Title: -CARE Program, Manager					
McMaster FIPPA Policy: The information gathered on this form is collected under the authority of the McMaster University Act, 1976. The information is used for the academic, administrative, financial and statistical purposes of the University including, but not limited to, admissions; registration and maintaining records; awards and scholarships; convocation; provision of student services, including access to information systems; alumni relations; and disclosure to or on behalf of the applicable McMaster student government. This information is protected and is being collected pursuant to section 39(2) and section 42 of the Freedom of Information and Protection of Privacy Act of Ontario (RSO 1990). Questions regarding the collection or use of this personal information should be directed to the University Hall, Room 209, McMaster University.								
Michael G. DeGroote SCHOOL OF MEDICINE MeMaster Community & Rural Education Program								

T:\Mac-CARE Office\Forms and Policies\Rotation Expense Report - April 29, 2014.doc /ms - Mac-CARE - April 29, 2014