

# RURAL EDUCATION ACTION PLAN CLAIM FORM - Undergraduates



PLEASE TYPE OR PRINT

GENERAL INFORMATION		
NAME		PHONE #
ADDRESS		
CITY	POSTAL CODE	EMAIL
<b>REAP payments will only be made by Direct Deposit to your bank account. Please attach a REAP direct deposit form to this claim form.</b>		

CHECK ONE	PROGRAM YOU ARE CLAIMING FOR:	DATES MUST BE PROVIDED	
<input type="checkbox"/>	1. Rural Family Practice Clerkship - Undergraduate Rural Practice Participation Program (Year 3)	Start Date:	End Date:
<input type="checkbox"/>	2. Fourth Year Rural Electives - Undergraduate Rural Participation Program	Start Date:	End Date:

EXPENSE DETAILS: <i>Please submit copies of receipts for all expenses marked with an "*" (Please refer to the reverse of this form for expense guidelines)</i>	
HOUSING ALLOWANCE (STIPEND)     \$250     x     _____ weeks	\$ _____
<b>TRAVEL</b> <b>RSA Community:</b> _____ a) Automobile Travel _____ KM @ \$0.51 per kilometer     (Mileage receipts not required)     \$ _____ b) Ferry / Toll     * (copies of receipts required)     \$ _____ c) Airfare * (not to exceed economy airfare – copies of receipts required)     \$ _____  <b>Note: Travel expenses will be reimbursed to a maximum \$800/rotation.</b> Add lines a, b & c ►	
\$ _____	

TOTAL AMOUNT REQUESTED ►	\$ _____
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Are you receiving funding for this program from another source     ☐ YES     ☐ NO     If YES, please attach details to this form.

I hereby certify that the information provided on and with this application is truthful and accurate. As this benefit is taxable, I authorize the use of the information contained in this application for the administration of the Membership/Benefit Programs.

**SIGNATURE:** \_\_\_\_\_     **DATE:** \_\_\_\_\_

FOR BCMA OFFICE USE ONLY:	
DATE RECEIVED: _____	CODE _____
APPROVED: _____	_____

**PLEASE RETURN YOUR COMPLETED CLAIM FORM & EXPENSE RECEIPTS TO THE BCMA BY MAIL OR BY FAX**

## **RURAL EDUCATION ACTION PLAN REAP GENERAL GUIDELINES**

### **1. EXPENSES**

Funds for housing allowance (stipend) and/or travel will be provided upon receipt of a completed claim form.

- **ACCOMMODATION & MEALS** – Receipts are not required for these expenses. The housing allowance (stipend) grant is intended to cover the costs of these incurred expenses.
- **TRANSPORTATION** – Travel expenses are defined as transportation to and from your rotation location. Eligible expenses in this category include all forms of transportation, including car rental, taxi, etc. not to exceed a maximum of \$800/rotation. Air travel is not to exceed economy airfare. Receipts are required for all transportation (excluding mileage reimbursement). Ground transportation will be reimbursed at the rate of .51cents per km. Please provide photocopies of your expense receipts, as originals will not be returned.

### **2. DEADLINE**

All claims must be submitted no later than 90 days after completion of training. Any unclaimed funds after this date will be forfeited.

### **3. PAYMENT**

REAP payments will only be made via direct deposit. A REAP Direct Deposit form must be completed.

### **4. INCOME TAX**

REAP payments are considered to be a taxable benefit and as such, a T4A will be issued. Social insurance numbers are required for this purpose. Note that you may claim educational costs as a deduction for income tax purposes. Please contact your tax advisor for further details.