

<b>TRAVEL EXPENSE CLAIM - RESIDENT MANDATORY ROTATION</b>				
<b>SECTION 1: EMPLOYEE DETAILS</b>				
<b>Name:</b>		<b>Position (Title)</b>	Resident Physician	
<b>Employee #</b>		<b>Union</b>	PARA	
<b>Address:</b>				
<b>SECTION 2: EXPENSE CLAIM DETAILS</b>				
<b>Training Program Name:</b>		<b>Location:</b>		
<b>Rotation Start Date</b>		<b>Rotation End Date</b>		
<b>Other Pertinent Information:</b>				
Airfare	Accommodations	Transportation (car, rental, taxi, transit, etc)	Mileage (km)	
			Rate	0.505
		<b>Total (Travel &amp; Misc)</b>	\$	
Number of return trips made during the rotation				
Number to return trips funded by other sources				
<b>Cost Effective Method Used?</b> (Must be completed)			Rationale and supporting analysis are required for any expenses that are NOT cost effective	
If travel/accommodation amount exceeds the limit stated in AHS Travel Policy 1122 "Appendix A" Rationale is Required <b>Rationale</b> (Any analysis supporting the method to assess cost effectiveness should be attached to the claim form)				
<b>SECTION 3: AUTHORIZATION</b>		<a href="#">PARA AGREEMENT ARTICLE 34: REIMBURSEMENT OF TRAINING EXPENSES</a>		
<ul style="list-style-type: none"> <li>•I attest that I have read and understand all applicable policies of Alberta Health Services that pertain to these expenses, and confirm expenses being claimed are in compliance with such policies.</li> <li>•I attest the expenses submitted in this claim have been incurred by using a cost effective method, otherwise rationale and supporting analysis is provided above.</li> <li>•I attest travel expenses were first resolved through any other academic funding sources before remaining amounts are claimed from AHS</li> <li>•I attest this training is not available locally or not supported within local capacity and is a mandatory component of the program.</li> </ul>				
<b>Resident</b> (Print Name)		<b>Signature</b>		<b>Date</b>
<b>Program Director</b> (Print Name)		<b>Signature</b>		<b>Date</b>
By signing this form I attest that I am compliant to all the above statements				
Send completed form to: <a href="mailto:EDM.AcademicMedicine@ahs.ca">EDM.AcademicMedicine@ahs.ca</a>				