

AOM Locum Program

Locum Midwife Expense Claim Form

Date Submitted: _____
 Name of Locum Midwife: _____
 Dates of Locum: _____
 Length of Locum: _____

For internal AOM use:

Date Rec'd:	_____
Approved by:	_____
Posted:	_____
Cheque #:	_____
Mailed:	_____

Travel to Locum				Total amount claimed
Originating Location:				
Destination:				
		# Kilometers		
Mode of Transport	Personal Vehicle (\$0.45/km)			-
	(no receipts required)			
	Plane/Train/Bus/Car Rental/Other		Total cost:	
	(attach receipts)			

		No. Days	Price per day	
Accommodation	Personal residence (\$30/day)		\$30.00	-
	(no receipts required)			
	Other accommodation (max. \$100/day)	No. Days	Price per day	
	(attach receipts)			-

Car Rental	max. \$50 day		Total cost:	
(during locum period)	(attach receipts)			

		No. Days		
Food Stipend	\$40/day (no receipts required)			-

		No. Days		
Block Incentive Fee	\$200/day			

Equipment Funding	\$58.33/30 day period	(if qualifies - refer to expense policy)		
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Hospital Privileges Application Fees (attach receipts)				
		Total Expenses:		-
Advance Received	(max. \$980)	Advance Received:		
		Total Owed:		-

Locum Midwife Signature: _____