

MEDICAL TRAVEL WORKSHEET

CLIENT	NAME:	
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attach bills for hotel rooms, taxis, flights, parking, etc.
do not include meal or gas receipts (we use simplified method)

provide supporting documentation for each trip (must include date, patient and purpose)

Date	Destination	Kilometers (round trip/total)	Place of Visit	Purpose of Trip	Patient	Driver Required
Jan 1/16	Grande Prairie	400km	Dr. Nik	Dentist	Bob	No