Schmaltz&Company
Chartered Professional Accountants

MEDICAL TRAVEL WORKSHEET

CLIENT NAME(S): _____

Date	Destination (5)	Kilometers (round trip) (1)	Name of Provider / Purpose of Trip (2)	Patient	Driver Required	# of Meals (3)	Other Expenses (4)
Jan 1/24	*ABC Town*	*xxx km*	*Dr. ABC / Type of Exam*	*Name*	*Y or N*	*#*	*$*

(1) - mileage only claimable if distance to medical appointment is more than 40km one way

(2) - provide supporting documentation for each trip including date, patient name and purpose; Ex:) **letter from Dr.'s office, appointment reminder, etc.**

(3) - meals only claimable if distance to medical appointment is more than 80km one way

(4) - accommodations only claimable if necessary because of distance travelled and/or medical condition

- receipts for hotel rooms, taxis, flights, parking, etc. are required; please attach; do not include meal or gas receipts (we use simplified method)

(5) - to claim transportation and travel expenses, **all** of the following conditions must be met:

* Substantially equivalent medical services were not available near your home.

* You took a reasonably direct travelling route.

* It is reasonable, under the circumstances, for you to have travelled to that place to get medical services.

If a medical practitioner certifies in writing that you were not able to travel alone to get medical services, you can also claim the transportation and travel expenses of an attendant.