Health PEI
16 Garfield Street
PO Box 2000, Charlottetown
Prince Edward Island Canada C1A 7N8

Santé Î.-P.-É.
16, rue Garfield
C.P. 2000, Charlottetown
Île-du-Prince-Édouard Canada C1A 7N8

Patient & Family Partner Expense Form

First Name: _____ (Please Print) **Middle Initial:** _____ (Please Print) **Last Name:** _____ (Please Print)

Home Address: _____ **City:** _____

Postal Code: _____ **Phone Number:** _____

Email (For Direct Deposit if registered):

Meeting Date: _____ **Meeting Location:**_____

Parking Costs: _____ ***(please attach receipt)***

Patient & Family Partner Signature: _____

Committee Name: _____

Committee Chair/Staff (Please Print): _____

Committee Chair or Designated Signature: _____

BELOW TO BE COMPLETED BY HEALTH PEI

NOTE: Chair or designate to complete below for processing of payment. Mileage is paid at the current Provincial Government rate for travel to and from relevant work. For travel distance equal to or less than ~ 14 km, an amount of $6.25 (taxable) will be issued. Chair or designate will calculate the amount at time of submission.

	x		=		-		=	
KM		**Rate**		**Total**		**HST**		**Total Less HST**

Entity	Dept	Service	Facility	Primary	Secondary	Prog	Amount
1	1				6241200	00000	
1	1					00000	
						HST	
						TOTAL	
Authorized Signature: _____ **Print Name:** _____ **Date**: _____							