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

Street Address: _____ **City:** _____

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

Mailing Address (if different from above): _____

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

(NOTE: 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 $6.00 will be issued. We will calculate the amount when the form is submitted)

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

Meal Cost: _____ ***(maximum $15 - please attach receipt)***

Patient & Family Partner Signature: _____

Note: Form to be passed into chair or designate after completed for processing

Committee Name: _____

Committee Chair (Please Print): _____

Committee Chair or Designated Signature: _____

<u>This Space for Committee Chair and Health PEI to Complete:</u>

	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:	_____