



Ontario

HealthForceOntario Marketing and Recruitment Agency

HealthForceOntario

Northern Specialist Locum Programs
Ontario Physician Locum Programs

Specialist Statement of Expenses Form

(See page 2 for claiming guidelines)

Community / Facility

Table with columns: Year, Day, Month, Travelling expenses description, No. of kilometres, Expenses (\$). Includes sub-total and total non-taxable amount.

Table for Honoraria, Stipend, and Fee for Service with columns for Period, from, to, No. of days, Rate, and \$.

Total taxable amount \$

This is to certify that the above expenses were incurred by me for the above stated period. On the days that I am claiming stipend, I acknowledge I did not bill OHIP for Fee for Service. While using my personally owned vehicle as shown, the vehicle insurance permitted its use for business purposes.

Form fields for Claimant's name, mailing address, signature, and Name of Operations Coordinator/Payments Clerk.

HealthForceOntario Marketing and Recruitment Agency Northern Specialist Locum Programs contact information and program administration details.

Notice of Collection: HealthForceOntario Marketing and Recruitment Agency (HFO MRA) collects your personal information under the authority of the Development Corporations Act, Ontario Regulation 249/07, Section 3.

If you require further information about this please contact our information coordinator at: HealthForceOntario Marketing and Recruitment Agency, 163 Queen St. East, Toronto, Ontario M5A 1S1. Tel: 416-862-2200 or 1-800-596-4046, Fax: 416-874-4075 or 1-866-535-2694.

# Northern Specialist Locum Programs

## Instructions for completion of the Statement of Expenses Form

Refer to program guidelines and/or your approval letter for specific eligibility information.

Visit our website at; [www.healthforceontario.ca](http://www.healthforceontario.ca), and go to the bottom right hand corner to find the link to Northern Specialist Locum Programs details.

Enter expenses, explanations and identification data as indicated. Submit one form for each authorized assignment.

### Expenses

Original receipts must be submitted with the Statement of Expenses form. Claimants living outside of Ontario will be reimbursed for travel from within Ontario or the nearest point of entry. Airfare is based on economy class. The receipt is the last page of the airline ticket or a copy of the electronic ticket. The kilometre rate for use of a personal vehicle is 41¢/km. Rental of a compact car and gasoline (with original receipts) and single occupant accommodations will be covered.

Non-allowable expenses include: meals, travel outside of Ontario (to and from province), CMPA insurance, costs to obtain a Certificate of Registration to practice medicine in Ontario, personal long-distance telephone calls, relocation costs and expenses related to children.

### Locum Remuneration

Honorariums: the locum must provide a minimum of six hours of clinical service per day, with or without call. On Saturdays, Sundays or statutory holidays, the locum must be available the full 24 hours, if on call. Locums may claim honorariums for necessary travel within Ontario, to a maximum of four days. One honorarium may be claimed per day and it cannot be pro-rated.

Stipends: the locum must provide a minimum of six hours of clinical service per day, with or without call. On Saturdays, Sundays or statutory holidays, the locum must be available the full 24 hours, if on call. If not on call, the locum may claim up to two hours of work (i.e., 1/6 of the stipend amount) for hospital rounds. Locums are expected to bill fee-for-service on the days s/he can claim an amount equal to or greater than the HFO MRA stipend.

### First-Time Claimants

Be sure to include a blank voided cheque for the bank account in which you wish deposits to be made. Banking information will remain in effect until HFO MRA is advised that there is a change and a blank voided cheque for the new account is provided. You are encouraged not to close the old account until at least one deposit has been made into the new account.

### Submitting Claims

Please ensure that you print your name and mailing address and sign the claim prior to sending the Statement of Expenses form, with original receipts, to:

### Operations Coordinator Northern Specialist Locum Programs

163 Queen St. East  
Toronto, ON  
M5A 1S1

Any questions regarding how to complete the expense form should be directed to the Operations Coordinator at **1-800-596-4046** extension 3 or [norspec@healthforceontario.ca](mailto:norspec@healthforceontario.ca).