

PLEASE NOTE – In order to be reimbursed for travel expenses relating to medical appointments, your attendance at each appointment must be **verified**. Any cost incurred for obtaining this verification will not be covered by Social Services.

*MEDICAL TRAVEL AND TRANSPORTATION COSTS BELOW \$15 PER MONTH WILL NOT BE REIMBURSED BY SOCIAL SERVICES as per O. Regulation 134/98 s.55 (1). Travel rate is \$0.40/km for people driving or receiving a ride from someone else. Parking costs may be reimbursed but receipts need to be submitted with the form.

MONTHLY MEDICAL TRAVEL LOG

Name: _____ **Member ID:** _____

Month Of Travel: _____

Signature: I declare all information provided on this form is accurate and true: _____
Sign and date here

Date of Appointment or Meeting	Home Address (starting location)	Medical Professional's Name and Address (For AA/NA meeting, enter N/A)	If AA/NA meeting, enter address and time of meeting	# of Kms Travel (include round trip)	Name, Phone # and Signature of Driver (if not driving yourself)	Attendance Verified (Medical Office Stamp or Staff Signature)

[illegible]