Mississauga Academy of Medicine
UNIVERSITY OF TORONTO

Accountability form (for Mileage Expense or Shared Expenses) Reimbursement Form for 3rd Year Clerkship

Instructions for Completion

1. Complete all personal information;
2. Indicate the type of event – centrally delivered seminar or exam / clerkship rotation outside catchment area;
3. Detail date of event or rotation start/end date;
4. Complete total # of km's claimed (for round trip, include Google Map or similar detail);
   If you choose to claim from your Home Base Hospital, please refer to Table 1 below for commonly visited locations and appropriate standardized mileage. Students cannot claim for mileage that they have not undertaken. For all other locations, a map reflecting the mileage is required as supporting documentation.
5. For claims **prior to March 31, 2016** multiply total # of km's by $0.47 **OR** for claims ***starting*** **April 1, 2016** multiply total # of km's by $0.54.
6. If this is a shared expense include the total amount of parking or taxi receipts;
7. If you drove other students or other students were in a taxi, include their first and last name and have them sign the form. Claimant for expense reimbursement should not be included here;
8. Mail, hand-deliver or scan and email to MAM Education and Project Coordinator (Sara Reynolds - sara.reynolds@utoronto.ca) or MAM Financial Officer (Govind Khurana – govindsingh.khurana@utoronto.ca) for processing.

Table 1:

(One Way Trip) **To:**	**From:** Mississauga Hospital	**From:** Credit Valley Hospital
Toronto General Hospital	25 Km	37 Km
Mount Sinai Hospital	25 Km	36 Km
Sick Kids Hospital	25 km	36 km
St Michael's Hospital	25 Km	36 Km
Women's College Hospital	26 Km	37 Km
Toronto Rehabilitation Institute	25 Km	36 Km
Sunnybrook Hospital	40 Km	45 Km
North York General Hospital	38 Km	43 Km
St. Joseph's Health Centre	18 Km	28 Km

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Personal Information (of claimant)

First Name _____ **Last Name:**_____

Address: _____ **Phone number:** _____

Date of Birth: _____ **Class (1T?):** _____ **UofT Student Number:** _____

Seminar / Exam / Clerkship Outside Catchment Area (circle one)	
Address of Starting Point for Seminar/ Exam/ Clerkship Outside Catchment Area:	
Final Destination Address for Seminar/ Exam/ Clerkship Outside of Catchment Area:	
Date of Seminar or Exam / Start and End Date of Rotation (dd-mm-yy):	
Total # of Km's claimed (round trip, include Google Map or similar details):	
Amount of reimbursement prior to March 31st, 2016 ($0.47 x total # of Km's): **Amount of reimbursement starting April 1st, 2016 ($0.54 x total # of Km's):**	
Parking or taxi receipts:	

Carpooling Detail

	Name (please print first/last name)	**Signature**
Passenger #1		
Passenger #2		
Passenger #3		
Passenger #4		

By signing below, I confirm that all of the information provided in this application is true and complete

Claimant Signature		**Date**	
Authorized by		**Date**	

FOR OFFICE USE ONLY:

Received on:	**Processing Date:**
By:	