RESIDENT DOCTORS OF BC

EXPENSE STATEMENT

350-1665 West Broadway Vancouver, BC V6J 1X1
Tel: 604.876.7636 Fx: 604-876-7690 Toll Free: 1.888.877.2722
email: finance@residentdoctorsbc.ca
website: www.residentdoctorsbc.ca

Date: Program:

Name: Position:

Address: Phone:

Purpose: R1 Orientation Email:

Page: of Period: From: To:

Date	Per Diem	Description	Accom.	Trans.	Mileage	Parking	Meals	Misc.	Total	Coding Internal Use Only
								TOTAL		

Please leave TOTAL blank if there are additional pages

Date: Date:

Signature: Approval:

EXPENSE STATEMENTS AND RECEIPTS MUST BE MAILED TO RDBC BY JULY 7, 2018. Late submissions will NOT be accepted.