



Shared health
Soins communs
Manitoba

SH-PROVINCIAL TRAVEL NURSE TEAM EXPENSE CLAIM FORM GUIDELINES

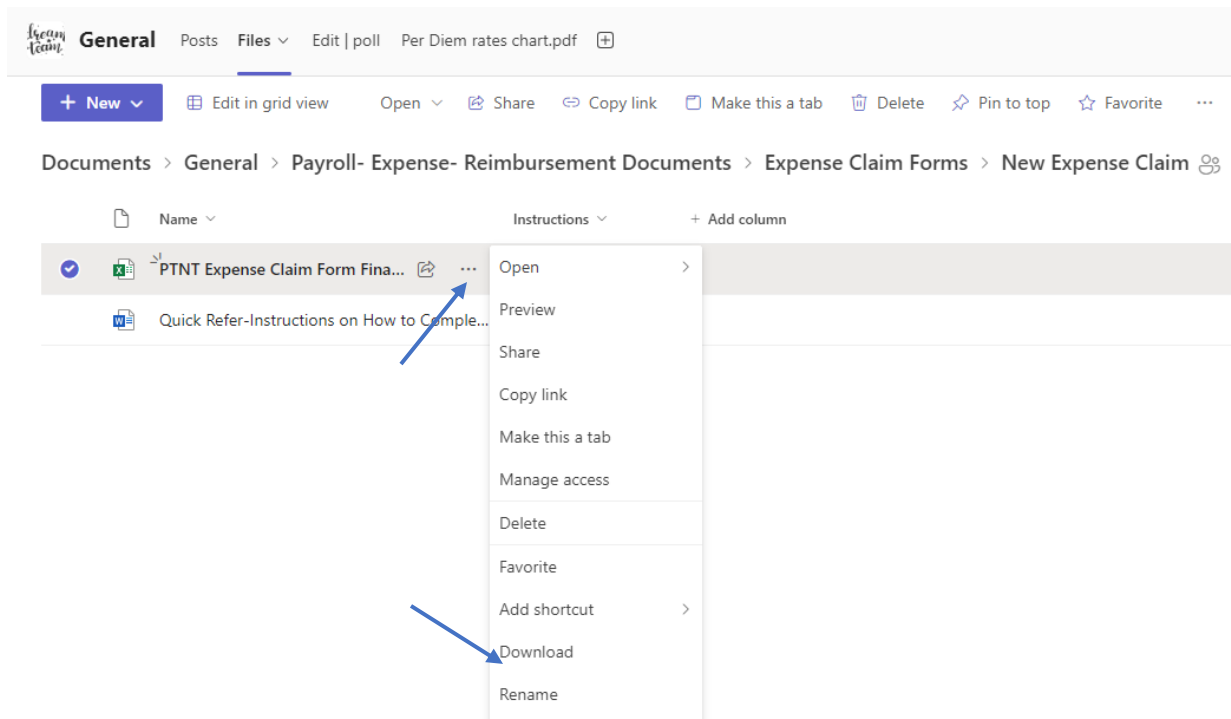
DECEMBER 10, 2024

TABLE OF CONTENTS

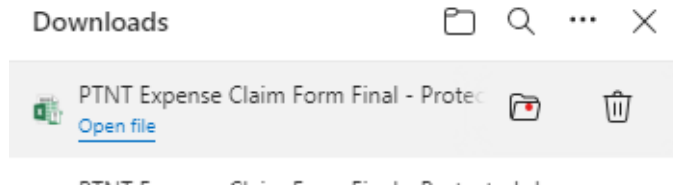
	PAGE
How to Download the Expense Claim Form	2
How to Fill Out an Expense Claim Form	3
Employee Information	4
Mileage Section	4
Per Diem – Travel Day Only Section	5
Per Diem - Clinical Day or Away for 24 hrs. or More Section	6
Other Expenses Section	7
Additional Requirements	7
Booking Private Accommodations	7
How to Adjust the Size of the PDF File	8
How to Address Requested Revisions	10
Expense Claim Form Scenarios	11
Resources	14

Please follow the directions below to guide you in downloading the SH-PTNT Expense Claim Form for use.

1. In the PTNT Nurse App, locate the **General** subchannel, select **Files** and locate the **Payroll-Expense- Reimbursement Documents** folder and open it
2. Within the Payroll-Expense-Reimbursement Documents is a subfolder labelled **Expense Claim Forms**. Select this folder
3. Once this folder has been opened, locate the expense claim form files labelled **PTNT Expense Claim Form Final**
4. Click on the three dots located to the right of this file. Once completed, as noted below in the photo, you will see a drop down of options. Select **Download**



5. Once you have selected **Download**, you will now be able to access the file in the **Downloaded** folder on your computer. Please save this document in a template format for continued use



- a. Save **each** submission period document as a *separate file* in the format below for submission.
 - i. First Name, Last Name, Expense Claim Form for “Insert inclusive dates for period being claimed”
 - **Ex. Lisa Singer Expense Claim Form for November 11-22 2024**



Provincial Travel Nurse Team
How to Fill Out an Expense Claim Form

Please follow the directions below to guide you in filling out the SH-PTNT Expense Claim Form for use. Please note that this form **must** be completed electronically. This can be achieved both on a computer or through a mobile device with the use of the *Microsoft 365 (Office)* application.



Reminder- Please save **each** submission period document as a *separate file* in the format below for submission.

- First Name, Last Name, Expense Claim Form for “Insert inclusive dates for period being claimed”
 - **Ex. Lisa Singer Expense Claim Form for November 11-22 2024**
 -
- If submitting from a **work** computer; please attach the document as an **excel** document
- If submitting from a **personal** device, please attach the document in PDF formatting (This is to ensure it is received for processing. The email listed below is unable to accept excel formatting from a personal device due to security reasons)
 - For directions on how to **save a PDF as a smaller file** for submission, please go to the end of this resource guide.

Completed Forms are to be submitted via **email ONLY** with all required attachments in chronological order to PTNTClaims@SharedHealthMB.ca. Uploading forms to the Teams channel will result in them not getting processed. Please ensure they are emailed to the address noted above.

- Please note that your completed expense claim form **and** any associated receipts **must** be included in the **same email**. Submissions to the indicated email containing only receipts and no associated claim form will be cancelled and require re-submission with required form.
- Incomplete forms will be returned to employees unprocessed and will be required to resubmit with complete information.
- Please submit the form with no more than 2 weeks-worth of shifts on a single form and ensure when submitting that the associated receipts/itineraries are submitted in the same submission email

Who has to complete an Expense Claim Form?

- All Shared Health PTNT team members who accrue expenses while working **>50 kms** from their home address.

Employee Information- All information must be filled out. Items include:

- Travel Dates
- Email Address
- Full Name
- Employee Number
- Position
- Complete Home Address (including City/Town & Postal Code)
- Employee Signature (By typing your name in this field you are stating that you are aware of this claim being submitted by you, as the Claimant)
- Date the form is filled out
- Phone number
 - See photo below for reference.



Provincial Travel Nurse Team (PTNT) - Mileage, Parking and Other Expens

Mileage and Parking reimbursements for employees are paid via Electronic Funds Transfer to the same bank account as their payroll deposits

Travel Dates	Start Date (MM/DD/YY)	End Date (MM/DD/YY)	Email Address		Name	Employee Number	Position
	21-Nov-24	24-Nov-24	If no email address is provided, you WILL NOT receive notification of payment				
Provincial Travel Nurse Team							
Complete Home Address Including City/Town & Postal Code			Previous Complete Home Address Provide if there was a change in address Including City/Town & Postal Code		Employee Signature By typing your name in the field below, you are stating that you are aware of this claim being submitted by you as the Claimant	Date Form Filled (MM/DD/YY)	Phone # XXX-XXX-XXXX

Mileage Section: PTNT Nurses are eligible to claim mileage from their **home address** to the **address of the site** they are supporting. Travel to and from accommodations and the supporting site for each shift are **not eligible** for reimbursement on the expense claim form.

All items listed must be filled out. These items include:

- **Location-** Select the **Region** that the site you worked at falls under

- **Facility Assignment-** Select the **Facility and Program** where your shifts took place
- **Date-** The date that **travel** took place. This information **must** be inputted in the format noted below using **numbers only**. MM/DD/YY
 - Ie. December 3rd, 2024 is inputted as 12/03/24
- **Trip Information-** Include the **total** mileage for the day in this column. Identify the starting address (location), each destination traveled to and the reason for the trip (ie. Site orientation, shifts booked, clinical education, etc.)
- **Round Trip:** Round trip is only applicable when a nurse is driving directly to and from a single shift (ie. Driving to Dauphin ED the day of their shift, completing their shift and driving directly home afterwards). If you are supporting a site for multiple days and staying in accommodations, you are **not** eligible for the “Round Trip” option.
 - If you are supporting a site for multiple shifts in a row and driving to and from the site **each day** (back to home address) you are able to claim each of these days as **round trip**
- **Total Trip Km-** Please indicate the **total** number of Km driven between locations. Please use **google maps** to determine the km between each location when determining the final total of km driven there and back. Please note that the PTNT clerical team will reference the total km noted to that of google maps to ensure the shortest route/km’s were selected. In the event that a higher Km was inputted, you will be requested to revise the form and re-submit to reflect the shortest route taken.
- **Rate:** This section **auto-populates** based on the location chosen. The Km rate identified in your collective agreement or as per set corporate kilometer rate for non-union employees will be utilized. Use the control button to select the appropriate mileage rate
 - **Below** the 53rd parallel for travel **south** of Grand Rapids
 - **Above** the 53rd parallel for travel **north** of Grand Rapids

TOTAL CLAIM

Please email receipts (can be photo utilizing smallest picture setting on your phone) in chronological order and form to ptntclaims@sharedhealthmb.ca

MILEAGE

Location (Pick fr Drop Down List)	Facility Assignment (Pick fr Drop Down List) <small>*Location must be chosen first*</small>	Date (MM/DD/YY)	Trip Information		Round Trip (Y/N)	Rate	Input Total KM Traveled	Total	Cost Centre	Expense Code
			From (Home or any other Address)	Destination (Home or Assigned Facility)						

Per Diem- Travel Day ONLY Section: This section is to be completed for travel days that do not have a clinical shift/educational session in the same 24 hr. window (ie. From midnight to midnight. If traveling the day prior to a clinical shift or course, please input your expense information in this section. If you are traveling **AND** have a shift or course starting/ending that same day, please input your expense information into the **Per Diem- Clinical Day or Away for 24 hrs. Or More** section).

- **Away for 24 hrs. or More-** Applicable when staying in accommodations and completing a stretch of shifts and have a day off in between where a staff member is *not* working. This is considered an *away* day and still eligible for per diems (ie. If working 3- N12’s, are off for a day and then completing 2-N12’s at the same facility, the day that you are not working is considered the away day)

- **Night Shifts-** If you are working a night shift, the date of your shift is classified as the date your shift started. (ie. If you are working 1930-0730 on November 2nd, 2024- even though the shift spans into November 3rd, your **clinical day** is classified as November 2nd).
- **Post Night Shift-** If one chooses to go back to accommodations to sleep for safety, you are entitled to **Travel Per Diem** that will include all meals you are away from home.

PER DIEM - TRAVEL DAY ONLY

Location (Pick fr Drop Down List)	Facility Assignment (Pick fr Drop Down List) *Location must be chosen first*	Date (MM/DD/YY)	Time Traveled		PLEASE REFER TO TABLE TO FOR RATES BASED ON LOCATION			Total	Cost Centre	Expense Code
			Departure Time (24-hour format)	Arrival Time (24-hour format)	Breakfast (Pick fr Drop Down List)	Lunch (Pick fr Drop Down List)	Dinner (Pick fr Drop Down List)			
								\$ -		
								\$ -		

- All columns *must* be completed in order to be reimbursed
- **Location-** Select the **Region** that the site you worked at falls under
- **Facility Assignment-** Select the **Facility and Program** where your shifts took place
- **Date-** The date that **travel** took place. This information **must** be inputted in the format noted below using **numbers only**. MM/DD/YY
 - I.e. December 3rd, 2024 is inputted as 12/03/24
- **Time Traveled-** Input your Departure and Arrival here using 24 hr. format (ie. 2pm is inputted as 14:00)
- **Breakfast/ Lunch/ Dinner-** Please reference the table inserted on the form that indicates the per diem amount allocated to each meal within each region. **Only** select the meal that you have travelled through
 - Please note that meals can **only** be claimed if you are travelling through the assigned timeframes
 - **Breakfast:** 0700- 0900 [7-9 am]
 - **Lunch:** 1100- 1400 [11-2 pm]
 - **Dinner:** 1700- 1900 [5-7 pm]

Location	Breakfast	Lunch	Dinner
IERHA	\$ 10.00	\$14.00	\$26.00
PMH	\$ 10.00	\$14.00	\$26.00
SH-SS	\$ 10.00	\$14.00	\$26.00
NRHA	\$ 12.00	\$15.00	\$28.00

Per Diem- Clinical Day or Away for 24 hrs. or More Section: This section is to be completed when claiming per diems for *clinical days* (day that a shift is worked or a course took place) or an *away day*

- **Away for 24 hrs. or More-** Applicable when staying in accommodations and completing a stretch of shifts and have a day off in between where a staff member is *not* working. This is considered an *away day* and still eligible for per diems (ie. If working 3- N12's, are off for a day and then completing 2-N12's at the same facility, the day that you are not working is considered the away day)

PER DIEM – CLINICAL DAY OR AWAY FOR 24 HRS OR MORE

Location (Pick fr Drop Down List)	Facility Assignment (Pick fr Drop Down List) *Location must be chosen first*	Claim Type (Pick fr Drop Down List)	Date (MM/DD/YY)	Total	Cost Centre	Expense Code

- All columns *must* be completed in order to be reimbursed
 - **Location-** Select the **Region** that the site you worked at falls under
 - **Facility Assignment-** Select the **Facility and Program** where your shifts took place
 - **Claim Type-** Select either *clinical day* or *away for 24 hrs. or more* from the drop down if eligible for reimbursement
 - **Date-** The date that **travel** took place. This information **must** be inputted in the format noted below using **numbers only**. MM/DD/YY
 - I.e. December 3rd, 2024 is inputted as 12/03/24

Other Expenses Section: Please fill out this section for any additional expenses being claimed such as parking, airfare, taxi/uber, etc.

- All columns *must* be completed in order to be reimbursed
 - **Location-** Select the **Region** that the site you worked at falls under
 - **Facility Assignment-** Select the **Facility and Program** where your shifts took place
 - **Date-** The date that **travel** took place. This information **must** be inputted in the format noted below using **numbers only**. MM/DD/YY
 - I.e. December 3rd, 2024 is inputted as 12/03/24
 - **Claim Type-** Select from the available drop-down options that include: accommodations, airfare, baggage, taxi/uber, parking, car rental, car rental gas, other
 - **Note:** Taxi claims within the NRHA are **not eligible** for reimbursement as taxi slips are included in your welcome package. The taxi option is only eligible when an individual is taking a taxi from their home address to the airport and from the airport home upon completion of a stretch of shifts within the NRHA. Please reference the NRHA Need to Know Facts for Nurses Guide for more details. Travel outside of to-from accommodations and the site (ie. Groceries, fast food drive thrus) are at the expense of the nurse and are **not** eligible for reimbursement. Please note taxi slips are **not** to be utilized for these outings.
 - **Claim Type- Other Please Specify-** If selecting “Other”, please provide detail on expense claim type

Booking Private Accommodations: Please note that if a nurse books their own accommodations, the site they are supporting **must** be more than 50km from their home address to be eligible for the per diem. The following points outline what are eligible and ineligible to claim on the expense claim form:

- **Mileage**
 - Travel from the nurse’s home address to the supporting sites address on the date of initial travel are eligible to be claimed

- Travel from the privately booked accommodations to the supporting site and back (The travel back and forth for each shift) are **not** eligible to be claimed
- Travel from the supporting sites address (**not** the address of accommodations) on the final date of travel are eligible to be claimed

ADDITIONAL REQUIREMENTS

1. Attachments must be included and in chronological order
2. If you are sending an image please ensure it is sent in “*small*” file size
3. If you are submitting from a **work computer**, please submit your form in excel format.
 - a. If you are submitting from a **personal computer**, please submit the form in PDF formatting. If you submit it in an excel format, the server will reject your email from being received.
4. After you submit your expense claim for to the above email you will receive a Service Request# that will be reference and used to follow-up on related issues with your claim.
5. Reimbursements are done by direct deposit. Any changes to your banking information must be updated through PHRSS.
6. **NRHA Specific:** Nurses travelling to the north via flight, **must include** a copy of their flight itinerary with their claim in order for it to be processed

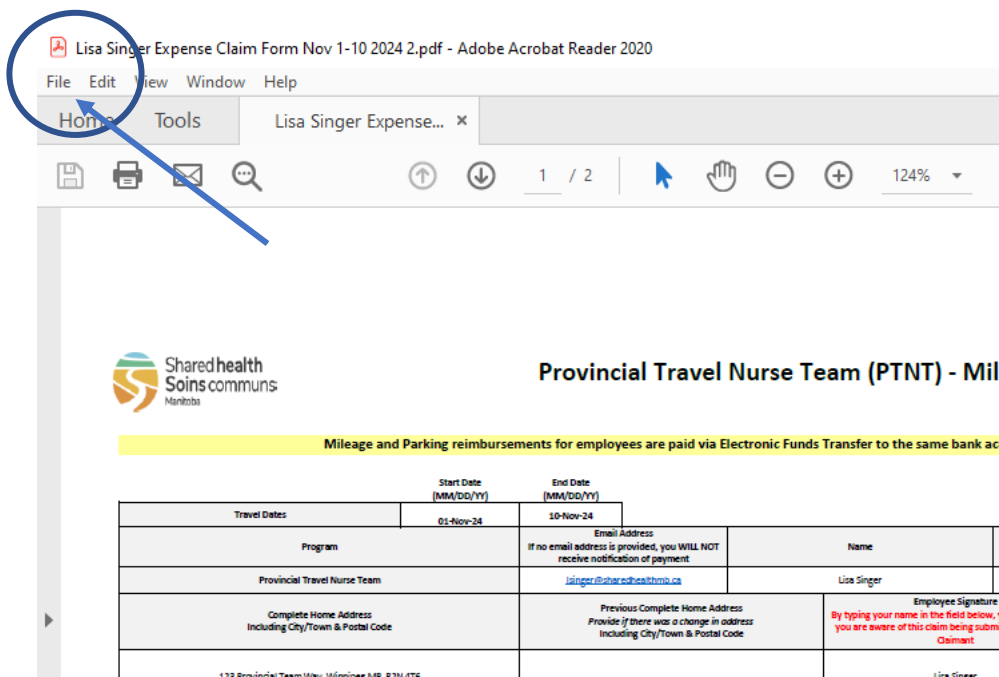


Provincial Travel Nurse Team How to Adjust the Size of Your PDF File

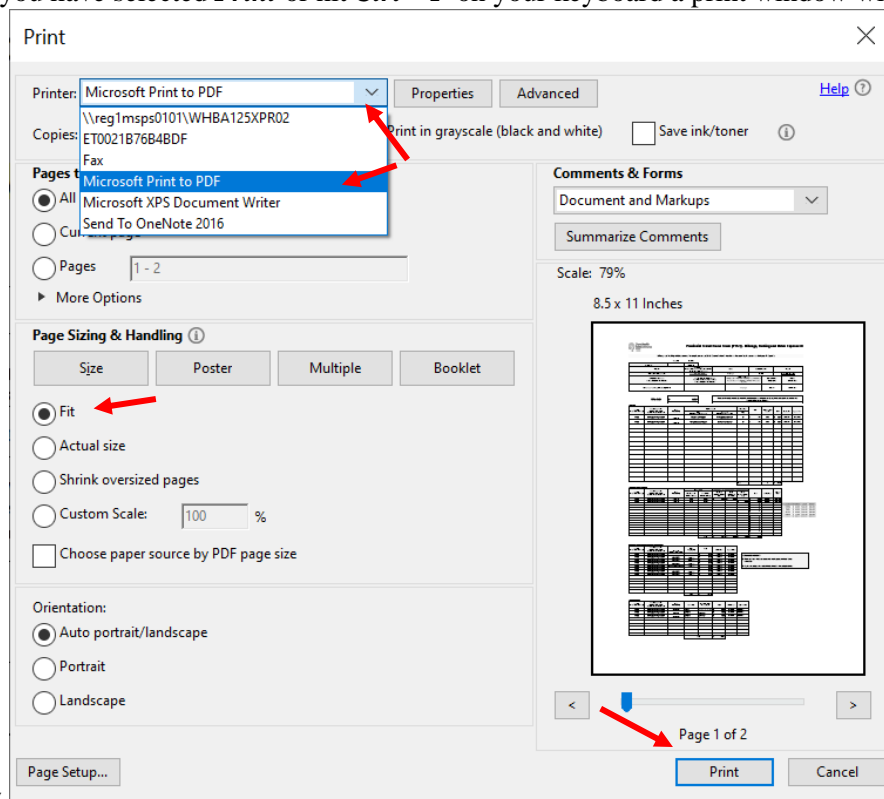
Once you have appropriately filled out **all** required fields of the expense claim form the next step is to save it. As noted in the introductory portion of this guideline, if you are submitting this form from a **personal email address** you **must** submit it in a PDF format.

Please follow the steps below that show you how to achieve this and successfully submit your completed expense claim form. Please refer to the “SH-PTNT New Expense Claim Form Information Session” video that walks you through how to save your claim in both excel and PDF formatting.

1. Once you have saved your completed expense claim as a PDF file it will automatically open the file in this formatting to view.
2. In the top **left**-hand corner, select **File**. A side bar of options will appear, select **Print** [or alternatively, hold down the **Ctrl** button on your keyboard and then the letter **P**.



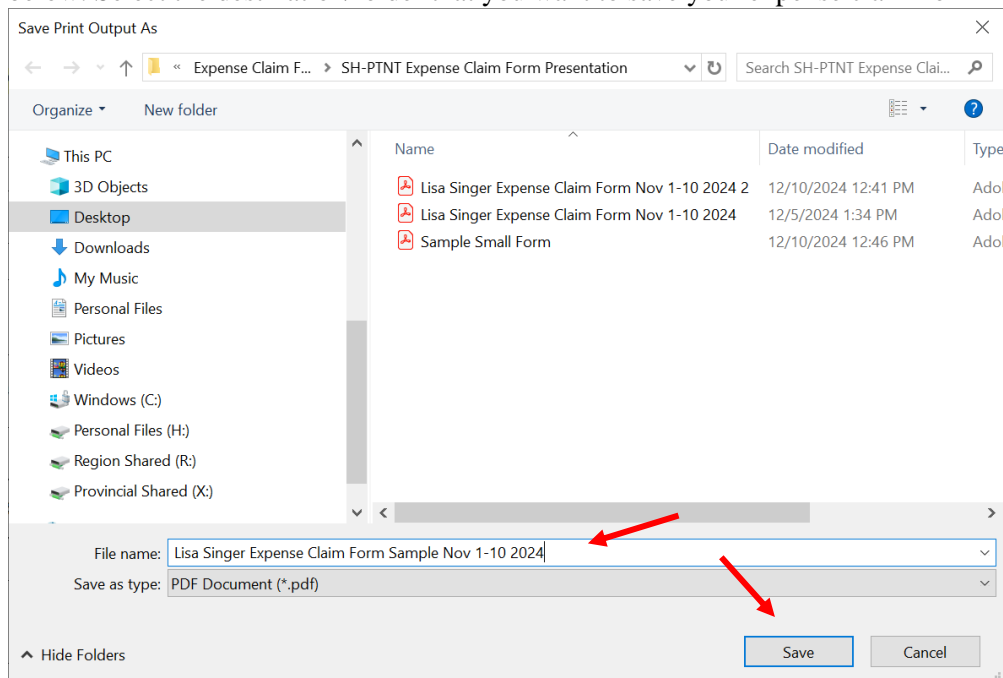
3. Once you have selected **Print** or hit **Ctrl – P** on your keyboard a print window will open as shown



below.

4. At the top of this window where it states "Printer:", select the drop-down arrow to display a list of options as shown above. Select **Microsoft Print to PDF**

- Under the **Page Sizing & Handling** section of that same window, select the **Fit** option. Now select **Print**. Once you have selected **Print**, another window will display on your screen as shown below. Select the destination/folder that you want to save your expense claim form in



- To the right of File Name: input your **First Name- Last Name, Expense Claim Form for [insert inclusive dates that you are claiming on that form]**.
- Select **Save**
- You are now able to attach your PDF formatted expense claim form and submit it from your personal email address.

Reminder: All forms must be **electronically submitted via email** to PTNTClaims@sharedhealthmb.ca



Provincial Travel Nurse Team How to Address Requested Revisions

Once you have emailed your claim to the PTNTClaims@Sharedhealthmb.ca email, you will receive a reply from the **Service Desk** with a **Request Number**. Keep this email for reference as you will be required to provide the request number when inquiring on the status of your claim.

If you receive an email indicating that **changes** need to be made to your initial submission, please **respond directly to that email** with an updated copy of the revised form. Please **do not** submit the revised form as a new submission to the PTNTClaims email as it will

delay the processing of your claim. Please note that the list of required revisions will be noted at the bottom of the Service Desk email.

If you receive an email indicating that your request has been **cancelled**, please note that you would be required to fully submit your form. Common reasons for this may include:

- Attaching a blank document
- Attaching a document with more than 3 errors
- Claim submitted with only receipts (missing associated form)

In the event of this, please ensure all items were appropriately filled out, from left to right and uploaded appropriately with all associated receipts in a single email prior to re-submission.



Provincial Travel Nurse Team Example Claim Case Scenarios

Scenario One: DAY Shift

Nurse Sally is scheduled to work in Dauphin Manitoba from December 5th- 6th. Sally's shifts are scheduled as - D12 (0730-1945). Sally's accommodations are booked as **check in** on December 4th and will **check out** on December 7th.

In preparation for her shift, Sally drives from home to her accommodations in Dauphin on December 4th [leaving her home at 3pm and arriving to the hotel for 7pm]. Following her shift on December 6th, Sally has anticipated the need for sleep to ensure safe traveling conditions and returns to her accommodations for the night. In the morning of December 7th, Sally checks out of her hotel at 0800 and arrives home at 1200.

Referencing the claims charts below, Sally is able to claim the following:

- December 4th as a **travel day** and claim the **dinner** per diem of \$26.00
- December 5th as a **clinical day** as she is working a D12- \$ 60.00 (below 53rd parallel)
- December 6th as a **clinical day** as she is working a D12- \$ 60.00 (below 53rd parallel)
- December 7th as a **travel day** and claim the **breakfast + lunch per diem** of \$24.00
 - **Other Expenses:** Sally is able to claim-
 - Mileage- \$203
 - Time Travelled
 - **Total - \$ 373 + time travelled**

Scenario Two: NIGHT Shift

Nurse Johnny is going to Dauphin Manitoba to work from Dec. 5th to 6th. Johnny's shifts are scheduled as - N12's (1930-0745). Johnny's accommodations are booked as **check in** on December 5th and will receive a late **check out** on December 7th.

Johnny drives from home, leaving at 1430 December 5th to his accommodations in Dauphin. Johnny works his shifts on December 5 and 6th and goes to the hotel to sleep following the conclusion of his night shift the morning of December 7th. Johnny wakes up at 11:00 on December 7th to drive home. He arrives home at 1530.

Referencing the claims charts below, Johnny is able to claim the following:

- December 5th as a **clinical day** as he is working a N12 - \$ 60.00 (below 53rd parallel)
- December 6th as a **clinical day** as he is working a N12- \$ 60.00 (below 53rd parallel)
- December 7th as a **travel day** and can claim the **breakfast + lunch per diem** of \$24.00
 - **Other Expenses:** Johnny is able to claim-
 - Mileage- \$264
 - Time Travelled
 - **Total- \$408 + time travelled**

Scenario Three: AWAY Day

Wanda is working up north in Thompson Manitoba from December 3rd to December 9th. Wanda's shifts are scheduled as D8's. Wanda is driving from her home in Boundary Trails on December 2nd to the Winnipeg Airport where she will park while away. She will fly from Winnipeg to Thompson, and take a taxi to her accommodations. Wanda's accommodations are booked as **check in** on December 2nd and **check out** on December 9th.

Wanda leaves her home at 0800 and arrives at her accommodations in Thompson at 1230. Wanda is **not** working on her arrival day. Wanda works her D8 schedule on December 3rd, 4th and 5th, is **off** for the day December 6th and resumes working December 7th, 8th and 9th. Following the end of her shift on December 9th, Wanda takes a taxi from the hospital to the airport where she fly's home that day.

Referencing the claims charts below, Wanda is able to claim the following:

- December 2nd as a **travel day** and claim **breakfast + lunch** per diems of \$27.00
- December 3rd as a **clinical day** as she is working a D8- \$65.00 (above the 53rd parallel)
- December 4th as a **clinical day** as she is working a D8- \$65.00 (above the 53rd parallel)
- December 5th as a **clinical day** as she is working a D8- \$65.00 (above the 53rd parallel)
- December 6th as an **away day** as she is still in Thompson and in accommodations but **not** working. She is able to claim \$65.00 (above the 53rd parallel)
- December 7th as a **clinical day** as she is working a D8- \$65.00 (above the 53rd parallel)
- December 8th as a **clinical day** as she is working a D8- \$65.00 (above the 53rd parallel)
- December 9th as a **clinical day** as she is working a D8- \$65.00 (above the 53rd parallel)
 - **Other Expenses:** Wanda is able to claim-
 - Mileage- \$250
 - Time Travelled
 - Parking- \$45.00
 - Taxi Ride **to** accommodations- \$23.00
 - Taxi Ride **from** hospital to airport- \$16.00
 - **Total- \$816.00 + time travelled**

Scenario Four: Private Accommodations

Bernard is working at Boundary Trails Health Centre from December 2nd to December 5th. Bernard has opted to book his own accommodations at a local hotel near Boundary Trails Health Centre. Bernard has left home on December 1st at 1930 and arrives at his accommodations at 2100. Bernard drives from his accommodations to BTHC and back each day for his shift. At the end of his day shift on December 5th, he drives from the site to his home, leaving BTHC at 1700 and arriving at 1930.

Referencing the claim charts below, Bernard is able to claim the following:

- December 1st as a **travel day** and is able to claim **mileage** but **no meal per diem** as he is travelling outside of the designated meal per diem time frames
- December 2nd as a **clinical day** as he is working a D8 - \$60.00 (below the 53rd parallel)
- December 3rd as a **clinical day** as he is working a D8 - \$60.00 (below the 53rd parallel)
- December 4th as a **clinical day** as he is working a D8 - \$60.00 (below the 53rd parallel)
- December 5th as a **clinical day** as he is working a D8 - \$60.00 (below the 53rd parallel)

▪ **Other Expenses:** Bernard is able to claim-

- Mileage- \$175
 - Bernard is eligible to claim **mileage** from the site to his home address following the end of his shift but is **not** eligible for meal per diems as he is already claiming a clinical day
 - Bernard is **not** eligible to claim mileage to and from his privately booked accommodations to the site each day
- Time Travelled
 - **Total- \$415 + time travelled**

Location	Breakfast	Lunch	Dinner
IERHA	\$ 10.00	\$14.00	\$26.00
PMH	\$ 10.00	\$14.00	\$26.00
SH-SS	\$ 10.00	\$14.00	\$26.00
NRHA	\$ 12.00	\$15.00	\$28.00

Meals	Hours (Claim only if traveling during noted times)	Canada (Below 53rd Parallel)	Canada (Above 53rd Parallel)	U.S. (U.S.)
Breakfast	7 – 9 a.m.	10	12	10
Lunch	11 a.m. – 2 p.m.	14	15	14
Dinner	5 – 7 p.m.	26	28	26
Incidentals	For every 24 hour period away	10	10	10
Per Diem		60	65	60

Resources- Visual representation of the 53rd Parallel

