



Shared health
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Manitoba

SH-PROVINCIAL TRAVEL NURSE TEAM

EXPENSE CLAIM FORM GUIDELINES

MAY 15, 2025

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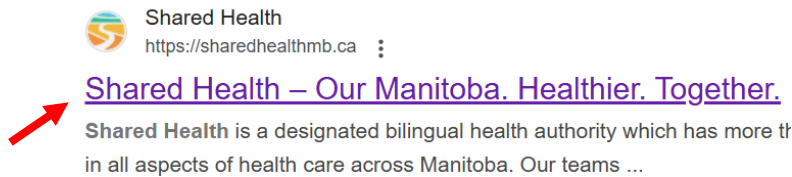
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Please follow the directions below to guide you in accessing the SH-PTNT Expense Claim Form for use. The expense claim form is currently housed in *2 locations* for staff to access as outlined below.

Accessible Form Locations

1. **External Shared Health Website:** [Nursing - Shared Health - Health Providers](#)

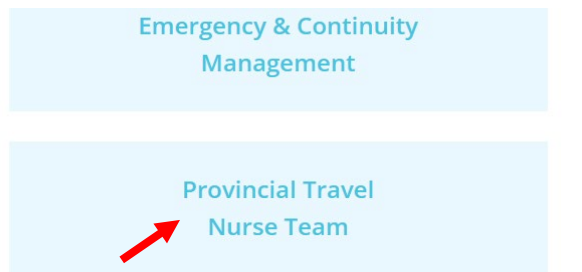
- Staff utilizing a google search engine are able to search “ Shared Health Website” and select the “*Shared Health- Our Manitoba. Healthier. Together.*” Link.



- On the home page, in the top right-hand corner- select *Health Providers*



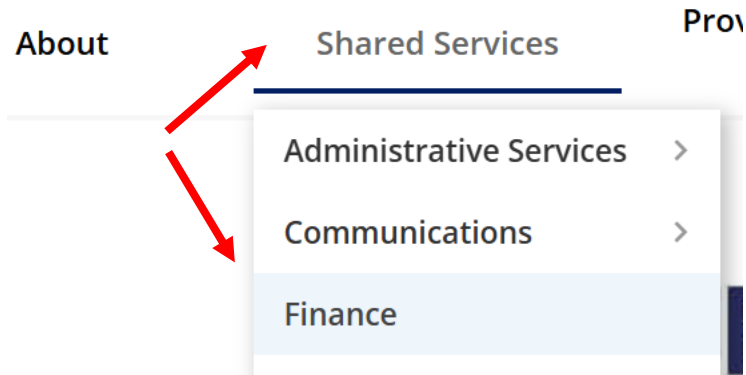
- Once redirected, scroll down the page and select *Provincial Travel Nurse Team*



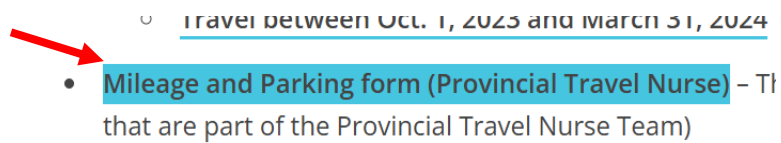
- Once staff have been redirected to the PTNT page, they are able to select the applicable *Expense Claim Form* document to download for use.

2. **Internal Shared Health Intranet:** [Finance - Shared Health Intranet](#)

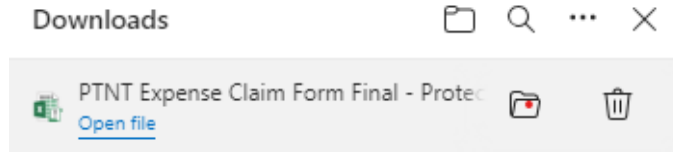
- Staff must be logged in to a *digital health* computer in order to access this site
- From the main page hover over the *Shared Services* tab, select the *Finance* option



- Once on the **Finance** page, scroll down to *accounts payable*
 - Select the file labelled *Mileage and Parking Form (Provincial Travel Nurse)*
 - This will trigger the form to be downloaded to your computer to utilize.

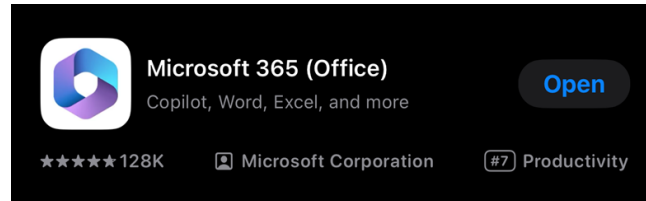


Once you have selected **Download**, you will now be able to access the file in the **Downloaded** folder on your computer. Please save this document in a template format for continued use



- 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**

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, ensuring the contents are truthful and accurate in accordance with the regulating bodies code of conduct. Accurate misrepresentation within claims will result in further investigation from the assigned manager and may result in termination of the claim. Staff may complete this form on a computer using *Microsoft Excel* software 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
 - Staff populating the form on a work computer are encouraged to save it to their **H: Drive** and not on the public desktop to protect personal information
- 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

- 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 ensure to respond expeditiously as your expense claim form **can expire** and will then require resubmission on behalf of the nurse
 - If staff have questions regarding the requested changes from service desk, please reach out to your assigned team manager for clarification

- Please submit the form with no more than 2 weeks-worth of travel assignments on a form and ensure when submitting that the associated receipts/itineraries are submitted in the same submission email. Submission of the form is recommended to be done as close to the end of the travel assignment as possible.
- Claims are to be submitted within 30 days of the travel assignment. Adherence to the 30-day threshold is an expectation of all PTNT nurses.

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-** The date listed in this box **cannot** be the same date listed as the **End Date** for travel. Dates in this box must be **after** the last shift in a travel assignment.
- Phone number
 - See photo below for reference.

Provincial Travel Nurse Team (PTNT) - Mileage, Parking and Other Expense Claim Form

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)			
Program	Email Address <small>If no email address is provided, you WILL NOT receive notification of payment</small>		Name	Employee Number	Position
Provincial Travel Nurse Team					
Complete Home Address <small>Including City/Town & Postal Code</small>	Previous Complete Home Address <small>Provide if there was a change in address including City/Town & Postal Code</small>		Employee Signature <small>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</small>	Date Form Filled (MM/DD/YY)	Phone # <small>XXX-XXX-XXXX</small>

TOTAL CLAIM \$

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

By checking this box, I affirm that all claims submitted are truthful, accurate, and comply with the employer's code of conduct. All expenses claimed have been correctly incurred and are solely related to approved travel assignments.

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
 - I.e. 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. Staff are strongly encouraged to block shifts when travelling in excess of 200 km one way from their home address. When supporting a site for multiple days and staying in accommodations, you are **not** eligible for the “Round Trip” option.
- **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) *Location must be chosen first*	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)						

Important Note: Staff supporting **WRHA Home Care** are to follow the outlined process below regarding claiming mileage from:

- Home to Central Office- Only applicable if distance travelled is greater than 50 km
- Mileage accrued during travel assignment to personal vehicle

Claiming Mileage from Home to Central Office: Staff supporting WRHA Home Care that are located further than 50km from the central office of 80 Sutherland Ave are to select the following for the respective subcategories under **Mileage**.

- **Location:** Staff are to select **WRHA** from the drop-down menu
- **Facility Assignment:** Staff are to select **WR** _____ associated with the location of their assigned run. If a staff member is re-assigned once their shift has commenced, staff are to select the initial area in which they were assigned.
 - Staff who extend a shift, are to complete a secondary line with the facility assignment associated with the area of the extended runs.

Claiming Mileage to Personal Vehicle During Travel Assignment: Staff supporting WRHA Home Care are to encouraged to take photos of their vehicle odometer at the start and conclusion of each approved shift for reference in the event of an audit. Staff are to select **WRHA Home Care** under **Location** to log personal mileage accrual. Staff will note that the **Trip Destination** cells will be blacked out, staff are to input the total KM travelled within each shift under **Input Total KM Traveled**.

MILEAGE

Location (Pick fr Drop Down List)	Facility Assignment (Pick fr Drop Down List) *Location must be chosen first*	Date (MM/DD/YY)	Trip Information		Round Trip (Y/N)	Rate	Input Total KM Traveled	Total
			From (Home or any other Address)	Destination (Home or Assigned Facility)				
WRHA_Home_Care	WR Point Douglas Home Care	30-Jul-25				\$ 0.460	24	\$ 11.04
WRHA	WR Point Douglas HC - Travel	30-Jul-25				\$ 0.460	112	\$ 51.52

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-** Please see scenario examples at the end of the reference guide to provide guidance to when nurses are eligible for travel per diems in relation to a night shift.

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 Travelled-** Input your Departure and Arrival here using 24 hr. format (ie. 2pm is inputted as 14:00)
 - **Meal Per Diems (Breakfast/ Lunch/ Dinner)-** Staff must have a minimum of 2 consecutive shifts booked in order to be eligible to claim the meal per diems on a travel day. 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*. Clinical and Away days are identified from midnight to midnight on the date that coincides with your scheduled shift.

- I.e. If a nurse is scheduled to work an E8 on July 4th, their clinical per diem will cover them from midnight to midnight on July 4th. If a nurse is scheduled for a N8- their clinical per diem is applicable from midnight to midnight on July 4th for the N8 shift. See examples listed in scenarios for further reference.
- **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 (i.e. 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. Please reference the NRHA Need to Know Facts for Nurses Guide for more details. Travel outside of to-from accommodations [ptnt-faqs.pdf](#) 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: Staff are eligible to utilize/claim the \$50/day accommodations per diem when the following criteria are met. Travel reasonability is a factor of consideration and is based upon the approved work assignment.

- A minimum of 2 consecutive shifts have been booked at the respective site
- The date of the awarded shift is less than 14 days away and therefore ineligible for region booked accommodations

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) to home 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.

- Reimbursements are done by direct deposit. Any changes to your banking information must be updated through PHRSS.
- 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

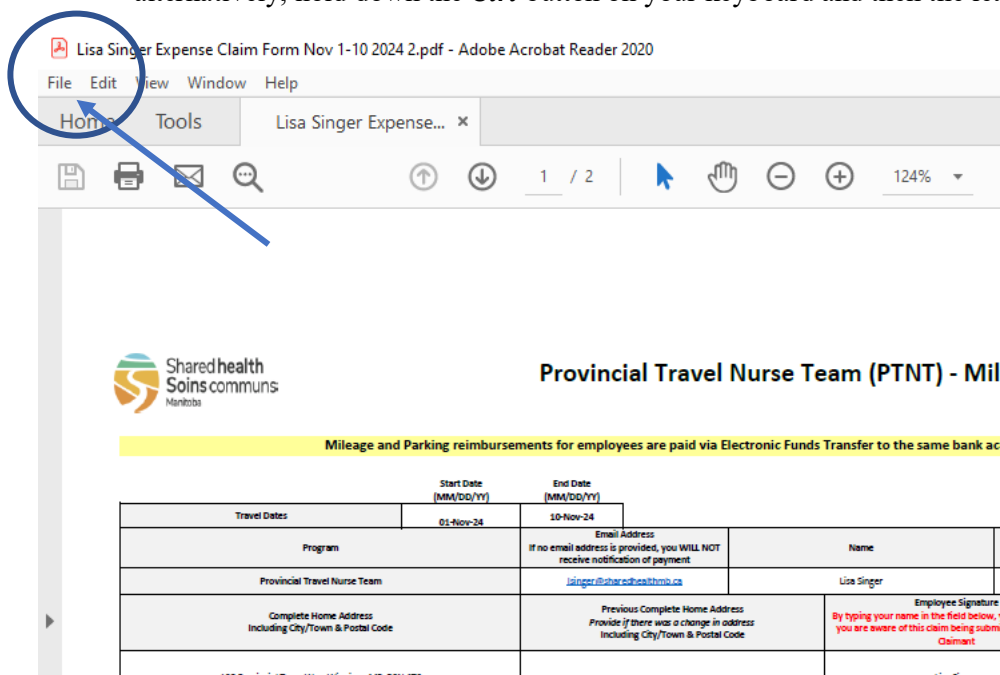


Provincial Travel Nurse Team How to Adjust the Size of Your PDF File

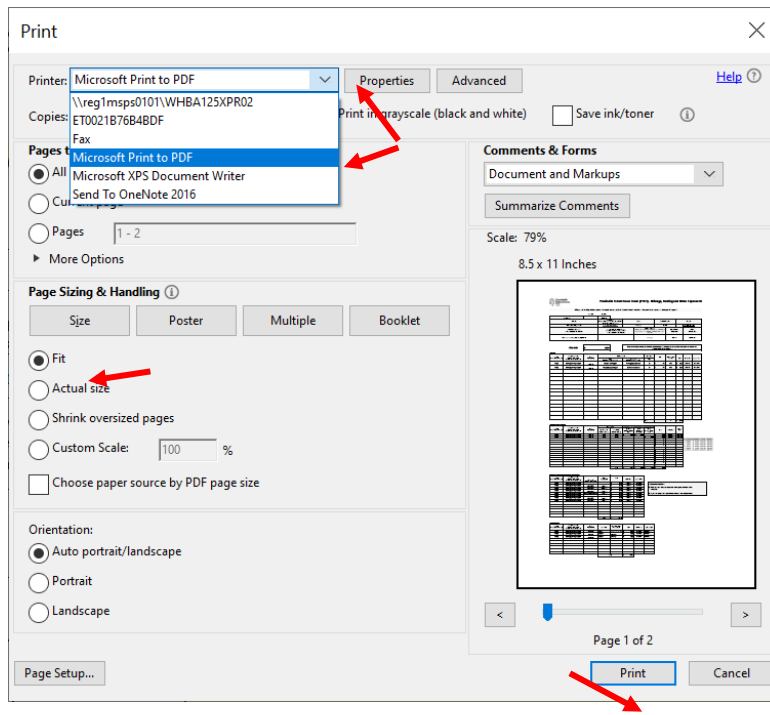
Once you have appropriately filled out **all** required fields of the expense claim form the next step is to save it. As noted in the introductory portion of this guideline, if you are submitting this form from a **personal email address** you **must** submit it in a PDF format.

Please follow the steps below that show you how to achieve this and successfully submit your completed expense claim form.

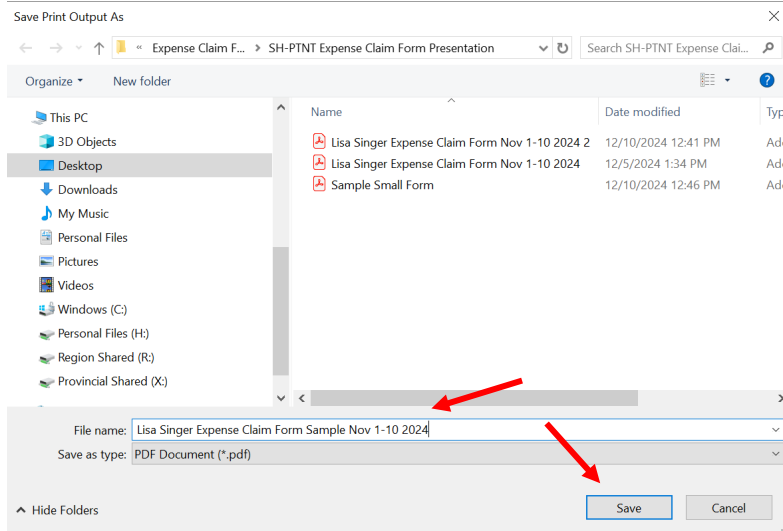
- Once you have saved your completed expense claim as a PDF file it will automatically open the file in this formatting to view.
- In the top **left-hand** corner, select **File**. A side bar of options will appear, select **Print** [or alternatively, hold down the **Ctrl** button on your keyboard and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



- 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**
5. 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



6. 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]**.
7. Select **Save**
8. 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

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 PTNT Claims 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. Your response to these requested changes must be done in a expeditious manner as failure to do so may result in a timed out expense form and require re-submission entirely.

Staff will receive an email reminder at **3 business days post initial change** request and **8 business days post** initial change request. If revisions and resubmission is not completed within **10 business days their** expense claim form will time out and require staff to submit a new claim altogether. If staff have questions regarding the requested changes, please reach out to your team manager for clarification.

If you receive an email indicating that your request has been **cancelled**, please note that you will be required to re-submit your form as a new submission. A new request number will be assigned and will link to the case work as a go forward.

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)
- Timed out expense claim due to lack of response from the nurse

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.

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 Johnny is eligible to claim **breakfast + lunch**
 - **Other Expenses:** Johnny is able to claim-
 - Mileage- \$264
 - Time Travelled
 - **Total- \$408 + time travelled**

Scenario Three: COMBINATION of Day- Nights Shifts

Nurse Adam is going to work in Swan River Valley from April 15th to April 16th. Adam's shifts are comprised of 1- D12, 1-N12. Adam leaves at 1300 on April 14th and arrives at 1800 at accommodations in preparation for his day shift the next day. Adam works his D12 on April 15th, N12 on April 16th. Following the completion of his shift on April 17th at 0730 and arrives home at 1230pm.

Referencing the claims chart below, Adam is able to claim the following:

- December 14th as **travel day** where he is eligible to claim **supper, mileage and travel time** (meets the criteria of supporting site being further than 50km from his home address)
- December 15th as a **Clinical Day** as he is working a D12 -\$60.00 (below 53rd parallel)
- December 16th as a **Clinical Day** as he is working a N12- \$60.00 (below 53rd parallel)
- December 17th as a **Travel Day** -Adam is eligible for **breakfast + lunch**, mileage, and travel time as applicable.
 - **Total- \$170 + Mileage and travel time**

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 Winkler 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 (in this instance Wanda does not have any Taxi vouchers)
 - **Total- \$800.00 + 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**

Scenario Five: D8-E8 Combination

Lily is working a D8 and E8 on September 2nd and 3rd at Selkirk Regional Health Centre. Lily drove from home to the site prior to the commencement of her shift and returned home the morning of September 4th- leaving at 10:00am and arriving home at 11:45am. Lily submitted request for accommodations and was approved for both shifts.

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

- September 2nd as a **clinical day** as she is working a D8- \$60.00 (below the 53rd parallel)
- September 3rd as a **clinical day** as she is working an E8- \$60.00 (below the 53rd parallel)
- September 4th as a **travel day**- Lily is eligible for **breakfast**.
 - Lily is **not eligible** for mileage or travel time as distance as the site is less than 50 km from her home address.
 - **Total- \$130**

Scenario Six: E8-N8 Combination

Gerard is working an E8 and N8 on February 12th and 13th at Bethesda. Gerard leaves his home on February 12th for his E8 shift, stays in region booked accommodations for his travel assignment and travels home following the conclusion of his shift on February 14th. Gerard departs from Bethesda at 0800 and arrives home at 0900.

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

- February 12th as a **clinical day** as he is working E8- \$60.00 (below 53rd parallel)
- February 13th as a **clinical day** as he is working N8- \$60.00 (below 53rd parallel)
- February 14th as a **travel day**- Gerard is able to claim **breakfast**, mileage and travel time
 - **Total-\$130 + travel time and mileage**

Scenario Seven: E8-E8 Combination

Henry is working 2-E8 shifts on December 8th and 9th at Portage Hospital. Henry leaves home for his shift on December 8th, stays in region booked accommodations for the 8th and 9th, returning home the following morning. Henry departs from accommodations at 10:00 and arrives home at 11:30am.

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

- December 8th as a **clinical day** as he is working E8-\$60.00 (below 53rd parallel)
- December 9th as a **clinical day** as he is working E8-\$60.00 (below 53rd parallel)
- December 10th as a **travel day**- Henry is eligible for **breakfast**, mileage and travel time
 - **Total- \$130 + time travelled and mileage**

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.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

