2024 Medical Trip List

Your name: _____

All distances are in: ☐ **km** ☐ **miles**

Note: provide all parking receipts. If a receipt is not available for a trip, fill in the amount paid from bank or credit card records.

Date	Service Provider Name	Service Description	Who Trip is For	City	Distance Travelled Round Trip	Driver needed (y/n)	Parking Paid *(Receipt Not Available)*
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Note: In order to claim Medical travel, it is required to travel more than 40km one way.
In order to claim Hotel, parking and meals, it is required to travel more than 80km one way.