Rady Faculty of Health Sciences Student Travel Log

Clear Form

Instructions:

Please complete all applicable information for each day of travel during placement.

Learner/Student Name:		**Rate Per Kilometre:**	**$0.50**
Student Number ID #:		**Total Kilometres:**	0
Placement Location/Community:		**Total Adjusted Kilometres:**	0
Program Name:		**Claimable Kilometres:**	0

Date of Travel:	Starting Location (Community):	Ending Location / Placement (Community):	Description / Notes:	Total KM's:	- 40 KM (One-Way Trip):	- 80 KM (Round-Trip):	Other Notes:
			Total:	0	0	0	

Learner/Student Signature:_____

Approval Signature:_____