

DEPARTMENT OF FAMILY MEDICINE

Accommodation Receipt

RESIDENT

First Name: _____

Block: _____

Surname: _____

Rotation Type: _____

Telephone: _____

Dates of Rental:

Email: _____

From (mm/dd/year)

To (mm/dd/year)

LANDLORD / RENTAL AGENCY

Rent paid to: _____

Address of rented space: _____

Address: _____

City: _____

City: _____

Province: _____

Province: _____

Postal Code: _____

Postal Code: _____

Telephone: _____

Amount of rent paid: _____

DECLARATION

I hereby declare that I have read and understand the Reimbursement for Accommodations for Out-of-Town Rotations policy as it appears on the reverse side of this receipt and I am in full compliance with its principles.

I declare that the landlord is not a relative or friend as outlined in said policy.

Resident

Name (print): _____

Surname (print): _____

Signature

Date

Landlord

Name (print): _____

Surname (print): _____

Signature

Date