



Patient Name:		
Parent Name:		
Address:		
City:	Province:	Postal Code:
Travel To: ALBERTA CHILDREN'S HOSPITAL 2888 SHAGANAPPI TRAIL NW, CALGARY AB T3B 6A8		Other location:
TRAVEL COVERAGE		
KM / Round Trip: _____		
2020 KM rate for the province OF ALBERTA IS 20 CENTS PER KM. Travel can be calculated by the Detailed Method or Simplified Method below.		
*IF YOU CHOOSE THE DETAILED METHOD PLEASE PROVIDE ALL RECEIPTS FOR THE MONTH. *IF YOU CHOOSE THE SIMPLIFIED METHOD, FOLLOW BELOW:		
Month of Travel:		
Trips / Week: _____ x _____ KM / Each x 20 Cents (Up to \$500/yr) = \$ _____		
Meal Coverage (max 2pp):		
Meals Required / Trip (Patient): _____ x _____ \$17 /Meal to Max of \$51 / Day = \$ _____		
Meals Required / Attendent: _____ x _____ \$17 / Meal to Max of \$51 / Day = \$ _____		
Total Travel & Meal Expenses: \$ _____ For the Month of: _____		
Payment Made to: _____ Date: _____		
BELIEVE IN THE GOLD USE: _____		
<i>Signature</i> _____ <i>Date</i> _____		
By signing you are consenting to release information to Believe in the Gold		