

**Claim for Expenses Incurred and Paid**  
Reimbursement Program for Living Donors (RPLD)

This form must be completed by the applicant in block letters.

Family name of applicant : \_\_\_\_\_

Given name of applicant : \_\_\_\_\_

Date of birth of applicant: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*yyyy*      *mm*      *dd*

Health insurance number : \_\_\_\_\_

- The applicant lives :
- 60 kilometers or less from the transplant centre
  - 60 to 100 kilometers from the transplant centre
  - 100 kilometers or more from the transplant centre

**Travel/transportation by car**

Travel expenses related to transportation by car may be claimed only if the applicant lives **60 kilometers or more** from the transplant centre.

| Date of the visit<br>(yyyy-mm-dd) | Reason for the visit * | Mileage<br>\$0.43 / KM | Amount claimed | Reserved for Transplant Québec |
|-----------------------------------|------------------------|------------------------|----------------|--------------------------------|
|                                   |                        |                        |                |                                |
|                                   |                        |                        |                |                                |
|                                   |                        |                        |                |                                |
|                                   |                        |                        |                |                                |
|                                   |                        |                        |                |                                |
|                                   |                        |                        |                |                                |
|                                   |                        |                        |                |                                |
|                                   |                        |                        |                |                                |
|                                   |                        |                        |                |                                |
|                                   |                        |                        |                |                                |

\*Reasons for the visits are :    E = Examination  
   S = Stay  
   S = Surgery

### Travel by other means of transportation

Travel expenses incurred via other means of transportation may be claimed only if the applicant lives **100 kilometers or more** from the transplant centre. **An invoice or receipt must be included to justify each amount claimed.**

| Date of the visit (yyyy-mm-dd) | Reason for the visit * | Means of transportation used | Amount claimed | Reserved for Transplant Québec |
|--------------------------------|------------------------|------------------------------|----------------|--------------------------------|
|                                |                        |                              |                |                                |
|                                |                        |                              |                |                                |
|                                |                        |                              |                |                                |
|                                |                        |                              |                |                                |
|                                |                        |                              |                |                                |
|                                |                        |                              |                |                                |
|                                |                        |                              |                |                                |
|                                |                        |                              |                |                                |
|                                |                        |                              |                |                                |

\*Reasons for the visits are :    E = Examination  
   S = Stay  
   S = Surgery

**Sub-total for travel expenses:**  \* Up to a maximum of \$ 1,500

### Parking

Parking expenses may be claimed regardless of the distance between the applicant's home and the transplant centre. **A receipt must be included to justify each amount claimed.**

| Date of the visit (yyyy-mm-dd) | Reason for the visit * | Amount claimed | Reserved for Transplant Québec |
|--------------------------------|------------------------|----------------|--------------------------------|
|                                |                        |                |                                |
|                                |                        |                |                                |
|                                |                        |                |                                |
|                                |                        |                |                                |
|                                |                        |                |                                |
|                                |                        |                |                                |
|                                |                        |                |                                |
|                                |                        |                |                                |

\*Reasons for the visits are :    E = Examination  
   S = Stay  
   S = Surgery

**Sub-total for parking expenses:**  \* Up to a maximum of \$140, daily maximum \$20

### Accommodation

Accommodation expenses may be claimed only if the applicant lives **100 kilometers or more** from the transplant centre.

**An invoice must be included to justify each amount claimed.**

| Date of the visit<br>(yyyy-mm-dd) | Reason for<br>the visit * | Amount claimed | Reserved for Québec-Transplant |
|-----------------------------------|---------------------------|----------------|--------------------------------|
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |

\*Reasons for the visits are :    E = Examination  
   S = Stay  
   S = Surgery

**Sub-total for accommodation expenses :**  \* Up to a maximum of \$650, daily maximum \$130

### Meals

Meals expenses may be claimed only if the applicant lives **100 kilometers or more** from the transplant centre.

**An invoice must be included to justify each amount claimed.**

| Date of the visit<br>(yyyy-mm-dd) | Reason for<br>the visit * | Amount claimed | Reserved for Transplant Québec |
|-----------------------------------|---------------------------|----------------|--------------------------------|
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |
|                                   |                           |                |                                |

\*Reasons for the visits are :    E = Examination  
   S = Stay  
   S = Surgery

**Sub-total for meals expenses :**  \* Up to \$225, daily maximum \$45

| <b>Expenses</b>                        | <b>Amount claimed</b> | <b>Reserved for Transplant Québec</b> |
|--|-----------------------|---------------------------------------|
| Sub-total for travel expenses:         |                       |                                       |
| Sub-total for parking expenses :       |                       |                                       |
| Sub-total for accommodation expenses : |                       |                                       |
| Sub-total for meals :                  |                       |                                       |
| <b>Total :</b>                         |                       |                                       |

I hereby certify that the information provided on this form is accurate and complete.

\_\_\_\_\_  
(Signature of applicant)

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
yyyy mm dd