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## Healthy Resident Program Grant Guidelines

- 1) Chief residents will designate a resident from the program to serve as the wellness leader for the yearlong initiative (Jan – Dec). The wellness leader will serve as the main point of contact for all communication and reimbursement.
- 2) Funded initiatives must have a mandate to promote wellness in one or more of the following categories: Wellness events, Sports event/team, Lounge upgrades, Healthy snacks/coffee
- 3) Dining expenses must not exceed the following: breakfast \$15 pp, lunch \$25 pp, dinner \$40pp.
- 4) It is encouraged that all program initiatives have 50% resident participation, but a minimum 25% is mandatory. Funds are for residents only.
- 5) Accommodations, alcohol and spa treatments are NOT eligible for reimbursement under this fund.
- 6) All detailed receipts (detailed, itemized receipts and credit or debit receipts) must be included with a completed HRP expense claim for reimbursement. If detailed receipts are not included, the expense is not eligible for reimbursement.
- 7) Electronic receipts (detailed, itemized receipts and credit or debit receipts) are acceptable for reimbursement when accompanied by a completed HRP expense claim. The records must be clear and are of the full receipt (i.e. not blurry or have anything cut off/missing), so that you would have all of the same information as if you had the original receipt.
- 8) Funds will only be reimbursed up to the amount assigned to your Program via the Chief resident. If you exceed this amount, you will be responsible to pay out of pocket for this expense.
- 9) Program promotional items/clothing expenses must not exceed \$50/person per calendar year.
- 10) Healthy snacks initiatives will be reimbursed to a max of: a) \$100/mth with less than 19 residents in program, b) \$165/mth with 20+ residents in program.

**Expense claim + detailed receipts can be submitted to: [Leanne@mardocs.ca](mailto:Leanne@mardocs.ca)**

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# Healthy Resident Program Expense Claim Form

Name (Wellness Leader): \_\_\_\_\_ Signature: \_\_\_\_\_

Residency Program: \_\_\_\_\_

Wellness Initiative: \_\_\_\_\_ Claim Date: \_\_\_\_\_

Email: \_\_\_\_\_

### FOR FIRST TIME SUBMISSION ONLY

**AUTHORIZATION AGREEMENT:** I hereby authorize Maritime Resident Doctors to initiate payment deposits for my expense claims to be deposited into my account at the financial institution named below. I also authorize Maritime Resident Doctors to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Maritime Resident Doctors responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Maritime Resident Doctors receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the financial department.

Name of Financial Institution: \_\_\_\_\_

Branch/Transit # (5 digits): \_\_\_\_\_ Financial Institution # (3 digits): \_\_\_\_\_

Account # (minimum 7 digits): \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Expense Description:	Cost:
Wellness Initiatives:	
Healthy Snacks/Coffee:	
Sports Event/Team:	
Lounge Upgrades:	
Miscellaneous (explain):	

**TOTAL EXPENSES :**

All original receipts are required for reimbursement. For questions, please contact [Leanne@mardocs.ca](mailto:Leanne@mardocs.ca)

For Mardocs office use only:

Date Reimbursed:	Cheque #:	Amount:	Staff initials: