



**Department of Health and Wellness  
Continuing Care Branch**

**P.I.E.C.E.S. Education Reimbursement**

Participant Name:	Organization:
Organization Mailing Address:	Town, Postal Code:
P.I.E.C.E.S Education Site:	Social Insurance Number (optional)

**If travel/accommodation expense cheques are for the Participant and not the Organization, please indicate on this form. ALL cheques will be mailed to the organization.**

	Date Day 1:	Date Day 2:	Date Day 3:	Subtotals	Total Cost
<b>Travel (520001443)</b> Location To and From # km x 0.4379/km	To: _____ Fr: _____ # Km	To: _____ Fr: _____ # Km	To: _____ Fr: _____ # Km	Total # km x 0.4379 = _____	
Hotel (52001441) (Economy single room & taxes only. Up to \$130.00/night)					
<b>Breakfast &amp; Dinner (52001440)</b> (Up to \$8.00 for breakfast and \$20.00 for dinner each day including taxes. No alcohol charge)					

**Total Expenses Reimbursed**

Amount Reimbursed to Organization: \_\_\_\_\_

Amount Reimbursed to Participant: \_\_\_\_\_

\_\_\_\_\_  
Date/Signature of Administrator/Manager

\_\_\_\_\_  
Please Print Name of Administrator/Manager

\_\_\_\_\_  
Date/Signature of Participant

\_\_\_\_\_  
Please Print Name of Participant

**Claims and Original Receipts must be submitted within 4 weeks of the final education session to:**  
**Joanne Collins, Coordinator Challenging Behaviour Program**  
**Continuing Care Branch, Nova Scotia Department of Health and Wellness Barrington Tower,**  
**PO BOX 488, Halifax NS B3J 2R8**

**For Office Use Only:**

\_\_\_\_\_  
Date/Signature Program Coordinator

Vendor Code: \_\_\_\_\_

GL Code: \_\_\_\_\_