 

**Nuchatlaht Tribe Administration**

**P.O. Box 40, Zeballos B.C.**

**V0P 2A0**

**Phone: 250-332-5908**

**Fax: 250-332-5907**

**Email: health@nuchatlaht.com**

Confidential Medical Travel for Community Health Rep. Files

Name of Client:

Birthdate:

Status #:

Address:

Contant Info

Phone #:

Email:

Appointment Date: Appointment Time:

Date: Leaving Home: Time: Leaving Home:

Date: Returning Home: Time: Return Home:

**Purpose of Appointment: Doctor, Dentist, Surgeon, Rheumatology, optometry, IRS Councilling,**

**Chiropractic, etc.**

**Referral Letter from Dr. Attach Copy of referral**

Escort Name: Own Vehicle Other

From Town: To Town:

Taxi: From: To:

Taxi: From: To:

Bus: From: To:

Km’s From: To:

 Accommodations

 Commercial-Hotel Check In: Check Out

 Private $30 Per Night How Many Nights?

**Purchase Order for Meals at Banners Restaurant: Yes No**

**Purchase Order for Gas at Quinsam Crossing Shell in CR Zeballos**

**If no Purchase Order is required, your Travel difference will be deposited into your account on the next banking day normally.**