

Specialist Service Committee

Sessional Payment and Expense Form



Please see accompanying policy information prior to completing this form.

DEADLINE: *Sessional forms must be submitted within one (1) month of the session date to physicianqi@northernhealth.ca*

| PERSONAL INFORMATION | | | | MEETING INFORMATION (if applicable) | | | |
|-----------------------|----|--------------|--|--|--|------------------|--|
| SSC Project ID# | | | | Meeting Name: | | | |
| Invoice Date: | | | | | | | |
| Start Date: | | | | Location: | | | |
| End Date: | | | | Date: | | | |
| MSP#: | | | | Start Time: | | End time: | |
| Claimant Name: | | | | Note: Sessional payments for attendance at meetings will need to include a meeting attendance list, signed by the Physician Lead. | | | |
| Address: | | | | | | | |
| City: | | | | | | | |
| Province: | BC | Postal Code: | | | | | |

| TIME | | | |
|---|------------------------------|----------------------------|------------------|
| <input type="checkbox"/> Specialist (\$171.05/hr) Number of hours claimed: | Travel time (if applicable): | Prep time (if applicable): | Total Hrs |
| <input type="checkbox"/> GP (\$171.05/hr) | | | |
| <input type="checkbox"/> Non-physician rate: _____ hours | _____ hours | _____ hours | _____ |

| EXPENSES (receipts required) | Total Amount |
|--|--------------|
| Airfare | |
| Car Rental | |
| Parking | |
| Taxi | |
| Auto @ \$.55/km (if one-way travel exceeds 25 km) # kms: | |
| Accommodation (Max = \$220/night) | |
| Meals (Max = \$100/day) *Alcohol is not eligible for reimbursement | |
| Other (please list) | |
| | |
| Total Expenses claimed: | |

| FOR OFFICE USE ONLY | | Account Code |
|---------------------|--------|-------------------|
| GST | Amount | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total: | | Finance Approval: |

CONDITION OF ACCEPTANCE (REQUIRED)

I hereby certify that the information provided on and with this application is truthful and accurate and that I have not and will not make a claim from any other fund for the same time or service. **If you are a salaried or contracted physician, it is recommended that you consult with Health Authority contract management staff regarding your participation in SSC activities and whether or not the activities are within the scope of your existing salary or contract.** I understand that if I have received payment from another source to cover the same time period, I do not qualify for reimbursement under this program. I confirm that I attended the sessions dated above.

By signing and submitting this claim form, I hereby agree that these services may be subject to GST. In the event that the Canada Revenue Agency (CRA) determines that I should have remitted GST on account of the fees and did not, I will not seek any contribution and/or indemnity from the Doctors of BC for any GST, interest, or penalties that I may be required to pay. I also agree to indemnify the Doctors of BC for any GST, interest, or penalties that the CRA assesses directly to the Doctors of BC on account of the fees paid to me, except if the Doctors of BC fails to pay GST to me as invoiced in the original request for payment in accordance with the Excise Tax Act. To this end, I have provided the Doctors of BC

Claimant Signature

Physician Lead Signature

SSC Staff Signature

Specialist Services Committee

Sessional Payment Policy



General Information

- a. The Sessional Payment and Expense Form must be submitted along with all supporting documentation within one (1) month of the session date.
- b. The Sessional Payment and Expense form must be fully completed in order to be processed.
- c. Claims can be submitted by email physicianqi@northernhealth.ca

Eligible Expenses

Eligible expenses are limited to the following and must be accompanied by a receipt. Where receipts are missing, proof of purchase credit card statements will suffice:

Claiming Meals

- a. Where a meal is provided without charge, no claim for that meal can be made.
- b. Breakfasts, Lunch and/or Dinner expenses while attending the event, or spent on travel to and from the event, are eligible for reimbursement when a legible itemized receipt is submitted with the claim. Meal expenses will be capped at \$100 per day. (*Recommended = Breakfast: \$20 Lunch: \$30 Dinner: \$50*)

Accommodation

- a. All accommodation claims must include a hotel invoice/receipt with the claim form.
- b. A maximum of \$220 per night is available for accommodation. Starting May 1st a summer accommodation rate of \$280 (tax inclusive) is available between May 1st to Sept 30th.
- c. Payment of more than the amount above may be allowable at times of high demand with prior permission.
- d. Accommodation expenses are not an eligible expense where the conference or meeting is less than 50km from the claimant's personal residence.

Travel and Vehicle Expense

- a. Travel expenses will be reimbursed for the most expeditious route of travel (economy flights only; upgrades to be paid by traveler).
- b. Taxis and car rentals will be reimbursed in addition to airfare when required.
- c. Parking costs will be reimbursed.
- d. Vehicle expenses will be reimbursed at \$ 0.55/kilometer for private vehicle mileage incurred.
- e. Reimbursement will be made where one-way travel from the claimant's personal residence exceeds 50 km.

Travel Time

- a. Travel time will be paid at the current sessional rate during regular clinic hours using the most expeditious route of travel if applicable. Exceptions to this policy will be given individual consideration.
- b. For meetings that are a duration of less than 2 hours, it is recommended participants optimize the use of teleconference or video conference, especially for remote meetings.

GST

Physicians who are subject to paying GST on services through their corporations, must charge GST on their Sessional time. To have GST added, a completed GST Registration Designation Form is required. To obtain a form, please contact us at 604.638.2848 or by email to accountspayable@doctorsofbc.ca, subject line "ATTN: SESSIONAL GST."