

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 three (3) months 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 (\$176.18/hr) Number of hours claimed:	Travel time (if applicable):	Prep time (if applicable):	Total Hrs
<input type="checkbox"/> GP (\$176.18/hr)	_____ hours	_____ hours	_____
<input type="checkbox"/> Non-physician rate:	_____ hours	_____ hours	_____

EXPENSES (receipts required)	Total Amount
Airfare	
Car Rental	
Parking	
Taxi	
Auto @ \$.63/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