Division Member Sessional Paym	nents -2020			
Event Name:				
Date:	Coding of Accounts =	_		
Member's Name	Member's Signature	Date		
		1	OFFFICE USE	
			Number of Hours Approved	
			Sessional Fee \$144.92/hour	
Authorizing Name				
7.00.00.10.10.10				
	Date	_		
Authorizing Signature				
			Central Island Division of Family Practice	