

SESSIONAL PAYMENT FORM

For completion by all persons authorized to claim sessional fees and payments for participation in a Victoria Division of Family Practice working group/meeting.

| Personal Information | | Reason for Claim | |
|----------------------|-------|---------------------|------------------------------|
| MSP #: | _____ | Meeting/Program | Divisions of Family Practice |
| Name: | _____ | Division: | Victoria |
| Payable to: | _____ | Type of meeting: | _____ |
| Address: | _____ | Meeting location: | _____ |
| City: | _____ | Date: | _____ |
| Province: | _____ | Start time / 24hrs: | _____ |
| Postal Code: | _____ | End time / 24hrs: | _____ |

| TIME | | | |
|--|------------------------------------|--|-----------------|
| Sessional (Meeting time only) | | Preparation Time (If applicable) | |
| <input type="checkbox"/> SP – Hourly <input type="checkbox"/> GP – Hourly <input type="checkbox"/> MOA – Hourly <input type="checkbox"/> Mentorship Program – Flat Rate | If hourly, number of hours claimed | <input type="checkbox"/> SP – Hourly <input type="checkbox"/> GP – Hourly <input type="checkbox"/> MOA – Hourly | Number of hours |
| | | | — |

| For Office Use Only | |
|---------------------|-------|
| Project | _____ |
| Subproject | _____ |
| Expense Code | _____ |

INSTRUCTIONS:

- Submit this sessional form to claim work and/or preparation time hours
- For stand-alone preparation time not associated with meeting time, attach this form to a preparation time form, available on request from the Division office.
- For expense reimbursement, please request an expense claim form from the Division office (a sessional form is not required to claim expenses).

Claimant Signature

Division Lead/Project Manager

DEADLINE: Sessional Forms must be submitted within one (1) month of the meeting date.

Sessional payment guidelines:

1. **Deadline:** Claims will be submitted **WITHIN ONE MONTH** of the meeting for consideration.
2. **Fees:**
Hourly fee for meetings and/or preparation time:
 - a) **General Practitioner:** \$133.77 (April 1, 2018); \$134.77 (Feb 1, 2019)
 - b) **Specialist:** \$157.79 (April 1, 2018); \$158.97 (Feb 1, 2019)
 - c) **MOA:** \$20.00
 - d) **Mentorship Program:** \$100.00 Flat Rate
3. **Evening Meetings:** Evening meetings are paid.
4. **Approval:**
 - a) Infrastructure claims must be signed off by **Claimant** and **Division Lead/Project Manager** before payment will be released.

Expense claims will be paid as follows:

5. To claim expense reimbursement, please request an expense form from the Division office (victoria@divisionsbc.ca).
6. **Travel Expenses:** Travel costs for the most expeditious route to attendance. Reimbursement will be made at \$.54/kilometer for travel greater than 50km each way. Reimbursement will not be made for transportation within Greater Victoria. NOT TO EXCEED ECONOMY AIRFARE
7. **Out of Pocket Expenses:** Reasonable out of pocket expenses will be paid. Original receipts are required.

| <i>For Office Use Only</i> | | | |
|-----------------------------|---------------------|--------------------------|---------------------|
| Description | Expense Code | Description | Expense Code |
| Physician - Committee | 50020 | Service Contracts | 50040 |
| Physician - Lead | 50025 | Medical Office Assistant | 50045 |
| Physician – Lead Non-Member | 50026 | Medical Residents | 50046 |
| Physician - Member | 50030 | | |
| Physician - Non Member | 50035 | | |