

Indigenous Cultural Safety Webinar Series:

Elements of Indigenous
Health and Healing

A VIRTUAL FIVE-PART SERIES

JCC Sessional
Payment &
Expense Form**Deadline: Sessional forms must be submitted within three (3) months of the session date**

Personal Information		Program Information	
MSP#: _____		Meeting: Indigenous Cultural Safety Webinar	
Last name: _____		Location: Zoom	
First name: _____		Date: MM: _____ DD: _____ YYYY: _____	
Address: _____		Start time: 17:00 End Time: 18:30	
City: _____			
Province: _____ Postal Code: _____			

Sessional				
Please check one:		Number of hours claimed		Total hours claimed:
<input type="checkbox"/>	Specialist (\$158.97/hr)	<u>1.5</u> hours	_____ hours	<u>1.5</u> hours
<input type="checkbox"/>	FP (\$158.97/hr)			

Claimant's Signature: _____ Authorized Signature: _____

For Office Use Only		
GST	Amount	Account Codes
Total:		

Finance Approval:	
Date:	

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 with my GST number, in writing, as a standing/pre-existing requirement of this agreement