



Primary Care Physician In-Service on Aboriginal Homelessness Project

Personal Information	
MSP #:	
Name:	
Cheque Payable to:	
Address:	
City:	
Province:	Postal Code:

Reason for Claim
Meeting location: _____
Meeting date: _____
Start time / 24hrs: _____
End time / 24hrs: _____
Reason for Meeting:

TIME							
<p style="text-align: center;">Sessional</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; padding: 5px;">GP – Hourly</td> <td style="padding: 5px;">Total Hours:</td> </tr> <tr> <td style="padding: 5px;">(\$125.73/hour)</td> <td style="padding: 5px; text-align: center;"><input style="width: 80%;" type="text"/></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Total number of hours (Hourly + Prep, where applicable)</td> </tr> </table>	GP – Hourly	Total Hours:	(\$125.73/hour)	<input style="width: 80%;" type="text"/>	Total number of hours (Hourly + Prep, where applicable)		<p style="text-align: center;">Total payable amount <small>(total hours * rate)</small></p> <p style="text-align: center;">\$ <input style="width: 80%;" type="text"/></p>
GP – Hourly	Total Hours:						
(\$125.73/hour)	<input style="width: 80%;" type="text"/>						
Total number of hours (Hourly + Prep, where applicable)							