

STATEMENT OF SERVICES RENDERED – METHADONE Cost Centre #7681



Assessor or Corp Name: _____	CPSO #: _____
Assessor Address: _____	
Assessed Physician Name: _____	
Assessment Location and Date: _____	

Preparation Time	
1. (MAX 1 Hour unless pre-approved)	No. of Hours (round to the nearest ¼ hour) _____ @ \$160.00/hour= \$ _____
2. Attendance Fees	No. of Hours (round to the nearest ¼ hour) _____ @ \$160.00/hour= \$ _____
3. Report Writing Time	No. of Hours (round to the nearest ¼ hour) _____ @ \$160.00/hour= \$ _____
4. Travel Time	No. of Hours (round to the nearest ¼ hour) _____ @ \$160.00/hour= \$ _____
5. Your HST# (if applicable)	_____ Total HST (13%) \$ _____
6. Approval of Preparation and Travel Time (Management signature) _____	

PLEASE NOTE THAT ALL EXPENSES LISTED BELOW, EXCEPT ITEM 7b, MUST BE ACCOMPANIED BY ORIGINAL RECEIPTS

PLEASE NOTE THAT ALL EXPENSE AMOUNTS LISTED BELOW ARE CONSIDERED TO BE HST-INCLUDED, WHERE APPLICABLE. ACCORDINGLY, IF REGISTERED OR REQUIRED TO BE REGISTERED FOR HST, YOU ARE REQUIRED TO REPORT AND REMIT TO THE CANADA REVENUE AGENCY 13/113 OF THE EXPENSE AMOUNT IN ADDITION TO THE HST CHARGE ABOVE ON THE PER DIEMS.

7. Transportation Costs	a. Plane/Bus/Train (Circle One) _____	\$ _____	
	b. Private Car No. of Km _____ @ 54 cents/km=	\$ _____	
	<small>(Rate change to 48 cents/km when cumulative mileage exceeds 5000km per calendar year)</small>		
	c. Taxi/Limo _____	\$ _____	
	d. Parking _____	\$ _____	
	e. Other (Please Specify) _____	\$ _____	\$ _____
8. Maintenance Costs	a. Hotel _____	\$ _____	
	b. Meals _____	\$ _____	
	c. Other (Please Specify) _____	\$ _____	\$ _____
9. Total Claim for Service Rendered			\$ _____

10. Assessor Signature: _____ **Date:** _____

Department Verification: _____ Date: _____

Payment Authorization: _____ Date: _____

For Finance Use Only	Accounting Codes	Amount
Member #:		
Claim Date:		
Amount		
Checked By		
A/P Batch #		
Reference #		
Total To Be Paid \$		

Instructions for completing Statement of Service Rendered Form

PLEASE NOTE: Once the claim has been paid to a registered corporation, the claim cannot subsequently be amended and repaid to an individual. Similarly, a claim paid to an individual cannot subsequently be amended and repaid to a registered corporation. In addition, a separate form must be used for each individual even if multiple shareholders of the same registered corporation are providing the service.

1. PREPARATION TIME

Under normal circumstances, preparation time should not require more than one hour. *If extenuating circumstances arise which necessitates a claim that exceeds one hour, the claim must be accompanied by a brief written explanation outlining the unique circumstances and will be considered by the Program Supervisor.*

2. ATTENDANCE FEES

Indicate the number of hours spent in the actual assessment and declare the total amount of fees.

3. REPORT WRITING TIME

Indicate the number of hours spent in preparing the written assessment report and declare the total amount of fees. *Any report requiring more than three hours in preparation by each assessor must be discussed with the Management prior to submitting the expense claim form.*

4. TRAVEL TIME

Assessors can claim the amount of time spent in transit to and from an assessment. Travel time is defined as the time spent in transit from the assessors home or office to the location of the assessment and from the location of the assessment to their home or office. In cases where an overnight stay is warranted, travel time can also be claimed for time in transit to and from the place of accommodation and the location of the assessment. Travel time is rounded to the nearest quarter hour.

5. YOUR H.S.T. NUMBER (IF APPLICABLE)

To ensure that the HST paid is reported appropriately, when completing this Statement, please ensure that the "Name" reported on the top of the statement is the same "Name" under which you are registered for HST.

6. APPROVAL OF PREPARATION AND TRAVEL TIME

Signature of the Program Supervisor is required for approval of all preparation and travel time

Please Note: All expense amounts for the items listed below are considered to be HST-Included where applicable. Accordingly, if Registered or required to be Registered for HST, you are required to report and remit to the Canada Revenue Agency 13/113 of the expense amount in addition to the HST charged on the per diems in Section 1-4.

7. TRANSPORTATION COST

Claim actual cost of transportation by economy air, train, or bus fare. Please ensure you arrange to travel by the most economical means available, this includes consideration of total travel time. Attach original receipts for all transportation costs.

When claiming for the use of your personal car, indicate the number of kilometers and total the amount based on the authorized rate. Car expenses claims must not exceed the cost of the equivalent economy fare where applicable. The rate includes the cost of fuel. When renting a vehicle, you can claim for fuel, but not kilometers travelled.

Indicate costs incurred for parking, and/or taxis (costs travelling between residence and airport, train or bus station and similar charges to/from facility) and attach original receipts. Travel by TTC does not require a receipt. For Ontario Highway 407 toll rate reimbursements, provide a record of your charges by sending a printout of the applicable bill reflecting your expenses.

8. MAINTENANCE COSTS

Claim the actual cost as indicated on receipts up to the maximum allowance of \$300.00 per day. Allowable expenses are accommodation and meals. Attach original itemized receipt(s) for all expenses being claimed.

OTHER COST

Specify other assessment related expenses (i.e. postage, courier, transcription, and long distance phone charges) incurred in the course of the assessment. An original itemized receipt for the amount claimed must be attached.

9. TOTAL CLAIM FOR SERVICES RENDERED

Total the amounts from Items 1 through 8

10. SIGNATURE

The expense claim form must be signed and dated by the assessor.