A. <u>Completion of the fillable form in Excel</u>

The automated version of the Member Honoraria and Expense Claim form determines your honoraria rate and completes all calculations. It requires Excel.

- a. Open the form
- b. Type the information and/or select a predefined option using the drop-down menus.
- c. Please ensure that:
 - The meeting is clearly identified
 - Staff contact is clearly listed
- d. Save the completed form (e.g. 2020-01FirstNameLastNameClaimForm.xlsx)
- e. Create an email message and attach:
 - the saved form (e.g. 2020-01FirstNameLastNameClaimForm.xlsx)
 - scanned supporting detailed and itemized receipts
- f. Email to: MemberHonoraria@oma.org

B. <u>Completion of the PDF Pen and Paper version of the form</u>

- a. Open the form and print it.
 - Fill in all relevant sections and attach supporting detailed/itemized receipts.
 - Scanned copies or photocopies of receipts are acceptable.
- b. Please ensure that:
 - The meeting is clearly identified
 - Staff contact is clearly listed
- c. Your claim may be emailed, faxed or mailed to Finance Department at the OMA.
 - By Email MemberHonoraria@oma.org
 - By Fax At fax number 416-599-9309
 - By Post Ontario Medical Association, Finance, Member Claims, 150 Bloor St. West, Suite 900, Toronto, ON M5S 3C1

C. <u>To receive payment by Direct Deposit / EFT</u>

Please access and complete the required documentation available at: <u>https://content.oma.org/wp-content/uploads/private/2016omamembereftrequest.pdf</u> and return to the OMA at the address above.