

KNOWLEDGE TRANSLATION CHALLENGE

Finance Info. Session - Sept. 17, 2024

Elena Otorotchkina, Finance Assistant, VCHRI Niki Chen, Finance Manager, VCHRI

Key elements in your award letter dated on June 7th

- ➤ Award term: 2 years from July 1, 2024, to June 30, 2026
- ➤ Awarded amount : \$5,000
- Financial and Reporting Requirements
- 1. All expenses are submitted to and reviewed by the VCHRI Awards Team.
- 2. Any unspent or residual funds at the end of the grant timeline will be returned to the funder.
- 3. Final written report is required at the end of the grant timeline. VCHRI, and where applicable the funder, will use these reports to publicize activities and evaluate the impact of the award program.
- 4. This award does not allow research equipment costs nor gift cards."

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Expenses claim and funds disbursement

- No advance, receiving funds through reimbursement or payments directly to vendors after submitting claims/invoices to VCHRI.
- ➤ All project spending and transactions must follow VCH Financial Policies and Procedures.
- Funds are held in a VCHR cost center and claims and disbursements will be reviewed and processed only **quarterly**.
- The Team Lead is responsible to track your project spending against award **BUDGET**
- Change of <u>BUDGET</u> (=<20% or \$1,000) should be notify VCHRI in writing and approved by VCHRI Awards Team

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Claim and Disbursement Process and Steps at VCH

Team Lead submits request form attached with original invoice/ receipts to VCHRI Awards
Team

vCHRI Awards Team reviews against budget and spending guidelines, and approves and submits to vCHRI Finance VCHRI Finance reviews against VCH finance policies, verifies the supporting documents and submit the request to VCH AP (Accounts Payable)

VCH AP processes cheque / wire transfer disbursement directly to Vendor / Requestor

Allow 3-4 weeks time from when VCHRI
Finance receives forms

Two different types of forms for different claims

Honorarium

- A. Payment for hours worked in addition to regular shift (outside of regular working hours).
- B. A voluntary payment made to a person for services for which fees are not legally or traditionally required, typically used to help cover costs for volunteers or guest speakers.
- C. Do not represent a service contract. / Are not an entitlement, as there is no expectation of payment in exchange for the service rendered. / Are not recurring payments to the same individual.

Expenses

Payment for goods/services:

- A. Expense Reimbursements
- B. Vendor Invoices
- C. Research Participant Incentives

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Honorarium

Honorarium

What is an Honorarium?

A monetary token of appreciation given to an individual for providing a service on the project.

Who can receive an Honorarium?

- A. Team members who performed work on the project
- B. Non-team members who performed work on the project

Example: a person who consults on data processing

Honorarium

- A. Honorariums will be paid out on a Quarterly basis, submit near end of the quarter
- **B.** Use the Honorarium Request Form (all fields mandatory)
 - Pay attention to:
 - Payee SIN number
 - Required for all payees. Do not leave this field blank.
 - Payee VCH Employee ID number
 - Employee ID must be provided. If non-VCH employee, then you must note "N/A". Do not leave this field blank.

A. Payment method

- VCH employees will be paid via Payroll process (it will show on pay stub)
- Non-VCH employees will receive payment via cheque unless they request Direct Deposit/EFT
 - A form has to be filled out, signed, and submitted with void cheque

Honorarium Request Form

https://www.vchri.ca/award-application-forms-and-resources

Vancouver CoastalHealth Research Institute	e						ICE of mind	BRITISH	COLUMBIA
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Payee VCH Employee ID Payee Home Address:	"			Jestimplot	EE ID	UK N/A			
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					Hour				\$80.00
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					Hour				\$80.00
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Honorarium Request Form

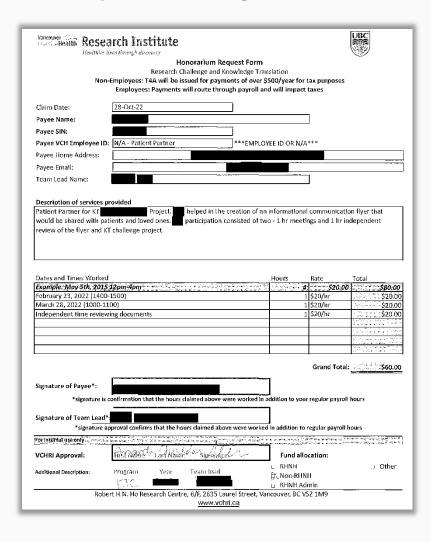
top of form

Vancouver Coastal Health Research Institute	UBC	a place of mind THE UNIVERSITY OF BRITISH COLUMBIA
	Honorarium Request Form	
No. 5	Research Challenge and Knowledge Translation	
Non-E	mployees: T4A will be issued for payments of over \$500/year Employees: Payments will route through payroll and will im	
	Employees rayments will route through payron and will in	puttanes
Claim Date:		
Payee Name:		
Payee SIN:		
Payee VCH Employee ID:	***EMPLOYEE ID OF	R N/A***
Payee Home Address:		
Payee Email:		
Team Lead Name:		
Description of services pro	vided	

Honorarium Request Form bottom of form

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Example: May 5th, 202	4 12pm-4pm				4	\$20.00		\$80.00
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For internal use only								
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Awards Approval:					RHNH			Other
Awards Approval:	First Name Program	Last Name Year	Signature Team lead	- F	RHNH Non-RHNH	1		Other
Awards Approval:	Program	Year			RHNH Non-RHNH RHNH Adr	i nin		Other

Transcription services provided by Non-team member





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Expense

Expenses

A) Expense Reimbursements

- Purchased out of pocket by team members
 - Examples: Office supplies, project materials, catering, patient expenses
- Purchased from businesses with valid invoice and GST number
- Ineligible purchases
 - It's paid out-of-pocket but a valid business receipt cannot be obtained.
 - This includes but is not limited to:
 - payments you make directly to individual people for helping on your project (i.e. a service fee)
 - purchases made on Facebook Market or Craigslist (i.e. goods)
 - purchases made through friends/individuals that are not a registered business
 - Ineligible expenses are <u>not accepted</u> by VCH Accounts Payable, and you will not receive reimbursement.
- Submit an Expense Claim Form and attach all original, itemized receipts or patient tracking lists. Photocopied receipts are not accepted.

Expense Claim Form

https://www.vchri.ca/award-application-forms-and-resources

CoastalHealth Research Institute	•		a place of mind THE UNIVERSITY OF BRITISH COLUMBIA
		Expense Claim	
	Research Challe	enge and Knowledge	Translation
Īī	nclude all original and		
		r line below - All fields	
	Tour claim will be	reviewed for appropria	are expenses
Claim Date:]
PI Name:			
Payee Name:			
Payee Employee ID:		Payee SIN:	
Home Address:			
Phone or email:			-
Description of expenses:			Receipt amount
			Grand Total
			Orano Fotor
Signature of Payee:			
Signature of ruyee.			
Ciamatuma of Di-			
Signature of PI:			
For internal use only			
			Freed alliquations
	First Name Last N	lame Signature	Fund allocation:
Awards Approval :			
Awards Approval :	Program Year		RHNH Dother

Expense Claim Form top of form





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Expense Claim

Research Challenge and Knowledge Translation

Include all original and itemized receipts for reimbursement

Only one receipt per line below - All fields are mandatory Your claim will be reviewed for appropriate expenses

Claim Date:	
PI Name:	
Payee Name:	
Payee Employee ID:	Payee SIN:
Home Address:	
Phone or email:	

Expense Claim Form

bottom of form

Description of expenses	5:			Receipt amount
			Grand	d Total
Signature of Payee:				
Signature of PI:				
For internal use only				
Awards Approval :	First Name	Last Name	Signature	Fund allocation:
Additional Description:	Program	Year	Team lead	□ RHNH □ Other □ Non-RHNH □ RHNH Admin
Robert H	.N. Ho Research	Centre, 6/F,	2635 Laurel Street, Va	incouver, BC V5Z 1M9

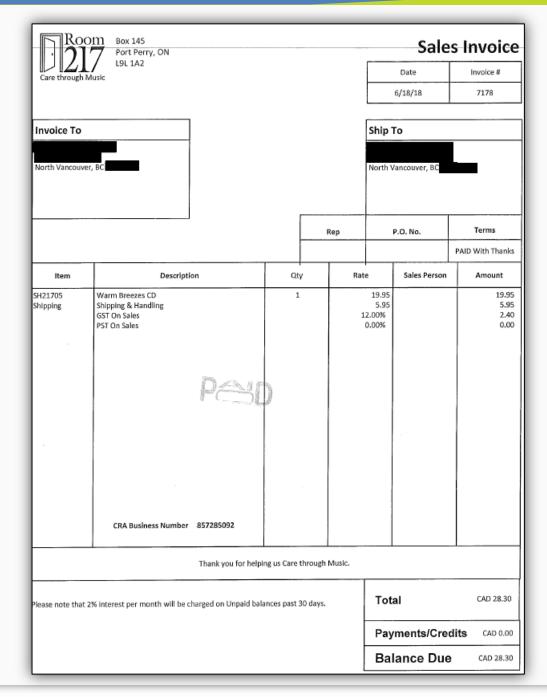
Out of pocket purchase for meeting/catering supplies

\$5,000抽獎等您拿 Monthly chances to win \$5,00 數型上線或機器二苯磺参加酶客滿愈度評 Tell us how we did today! 如果您滿意,請向您的親友推薦來. How likely are you to recommend T&T	という Manager	2.	70	s Coffee Canac 110 Kerr Stre buver, BC V5	et
Visit: www.storeopinio Call 1-877-234-2322 for full con	lest tules.	,		CHK 725782 28/2018 05:31 Drawer: 1	
#100 2800 E 1st Ave., Vancouver Ph: (604) 254-9668 / 0st# 13 05/25/18 1:48:10 PM 031258322 FOOD COCOA VANILLA BUTTER BISCUIT (SALE) PASTRY BUTTER CAKE GREEN BEAN PASTE PASTRY SUSHI PARTY TRAY- C (58PCS) PRODUCE 6IN ORCHIDS(2PC)-U/O POT SERVICE COUNTER 121 SHOPPING BAG Points 60	\$ 8.0., V5H 4NB \$747137R1 \$0.04 \$0.55.99 & \$1.54.99 \$0.55.99 & \$1.55.99 &		Coffee Tra Coffee Tra Mastercard XXXXXXXXXX Subtotal GST 5% Total Change	veler XX0043 Due	15.00 15.00 31.50 \$30.00 \$1.50 \$31.50 \$〇.〇〇
SUB TOTAL GST PST TOTAL Visa Total points in this transaction: 6: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2: 2:	\$70.88 \$3.29 \$1.25 \$75.42 \$75.42 \$75.42		05/	леск стояео - /28/2018 05:31	PM

Out of pocket for patient/participant expenses - tracking sheet

	LOGY RESEA	RCH
(NAME OF MEETING) PLEASE ATTACH AL	(DATE(s) ALLOW 2-4 Wenses, please attach the relevant section of	ATTENDED) EEKS FOR PROCESSING of the ICF describing this ***
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NAME	ADDRESS	CITY/PROVINCE
		COMOX, BC
	TELEPHONE	POSTAL CODE VAIN IPY
ACCOMODATION (Hotel)	DETAILS	TOTAL (local currency) & CDN \$
GROUND TRANSPORT (km x rate)		
MEAL EXPENSE		
(see below)	TRAVEL EXPENSE (PERRY)	
	\/T	\$17.15
OTHER	TRAVEL EXPENSE (FEREY)	\$35.10
	TRANEL EXPENSE (PARKING	\$31.25
TOTAL EXPENSES:		\$83.50
THE FOLLOWING EXPENSES WI		Ψ 30.00
\$30.00 Dinner) (includes GST original receipts must be submar. Rounds trip ground transportat	travel to and from the meeting: Total = \$60.00 (\$ & gratuities) (rates reflect both Cdn & US dollar valitted. itted. ion between your home, airport, as well as parking ravel Policies: www.travel.ubc.ca/) eting sites.	alues) Alcoholic beverages not included. g at the airport. Mileage will be
I certify that these expenses	will not be claimed from any other source.	278012021
A.	Please return to:	nhana
Na	ame, role, department, address, number and email address	pnone

Purchase of supplies from business vendor



Expenses

B) Vendor Invoices

Purchase of supplies or services where the vendor bills VCHRI for payment

Examples: Café Ami, LifeLabs, ProHealth Clinical Research Inc.

- Payments are made directly from VCH to the vendor
- Must be a registered business entity with GST number

Interpreting services; Invoice billed to VCHRI

STILL INTERPRETING INC.

3469 Mons Drive, Vancouver,, British Columbia V5M 3B5

V.C.H.R.I.

INVOICE

Invoice No.: Date: 10369 06/30/2022

Ship Date:

Page: Re: Order No.

Sold to:

Ship to:

6/F, 2635 Laurel Street Vancouver, British Columbia V5Z 1M9 Canada Jaashing He jaashing.he@vch.ca Research Project

Business No.:	126415439 RP	7001				
Item No.	Unit	Quantity	Description	Tax	Unit Price	Amount
Item No. 11/6	2	100000000000000000000000000000000000000	Research Project (Tim Lim) G - GST - 5% GST	G	Unit Price 60.00	120.00 6.00
Shipped By: Comment: Pay	Tracking N		our business.	Commonwealth of the Common	Total Amount	126.00

Expenses

C) Research Participant Incentives

What is a participant incentive?

 Small Token of Appreciation given to patients who participate in your research study

How do we pay participant incentives?

- VCH does not allow the use of petty cash for participant fees
- Teams may pay out of pocket for participant fees, then submit an expense claim form - providing all necessary information is recorded on a patient tracking list
- Please contact VCHRI Awards/Finance if you wish to provide incentives to your participants
- Any incentives disbursed before consultation with VCHRI will not be processed



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Questions & Answers

https://www.vchri.ca/award-application-forms-and-resources

VCHRI Finance Contacts

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Elena.Otorotchkina@vch.ca 604.875.4111 ext. 21694

Niki Chen, Finance Manager

Niki. Chen @vch.ca 604.875.4111 ext. 21699

Note: We are working under a hybrid model arrangement and not always in the office. It is best to reach us via email.

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