



<b>FOR OFFICE USE ONLY:</b>
Vendor # _____
Invoice # _____

Community \_\_\_\_\_

**RURAL COMMUNITY FUNDS CHEQUE REQUEST**

\* Receipts/Invoices/proof of payment are required for reimbursement

\*\* attach copy of pre-approval

**Name of Event:** \_\_\_\_\_

**Date of Event:** \_\_\_\_\_

**Cheque payable to:** \_\_\_\_\_  
(separate forms for each payee)

**MSC#** (if applicable) \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

	<u>Description</u>	<u>Amount</u>
<b>Speaker Fee:</b>		\$ _____
<b>Expenses:</b>		\$ _____
		\$ _____
		\$ _____
<b>Total:</b>		\$ _____

**Requested by: (print & signature):** \_\_\_\_\_

**contact # or email:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approval (print & signature):** \_\_\_\_\_

**Send or Fax to:** Physician Compensation  
Nanaimo General Hospital  
1200 Dufferin Crescent  
Nanaimo, BC V9S 2B7  
ph 250.755.7691 ext 56907  
[email: physician\\_comp@viha.ca](mailto:physician_comp@viha.ca)

**Fax# 250.740.2663**