

Vendor#	
Invoice #	

## **INVOICE**

Physician reimbursement for financial support of time spent by rural physician coordinator in the initial stages of planning for community based CME/PD events that utilize Rural Community Funds administered through VIHA.

Proposed Title of Event:		
Learning Objectives (may require consultation with the local Medical Advisory Committee):		
Payable to (Print):		
MSP Number:		
Mailing Address:		
Number of hours claimed for early planning of the proposed event(s), prepara submission of Rural Community Funds Application Form (to be attached). S communication with proposed speakers may be included for the purpose of fe assessment.	Some early	
hours @ \$133.77/hour	\$	
Physician Signature:		
1 hysician dignature.		
Approved:  Executive Medical Director, Medical Staff Engagement	ent & Development	

Fax to:

Attn. Antoinette Picone

250-519-1923

\*\*\* Attach Reverted Rural Funds Application Form \*\*\*

For AP - Code: 911.41.6200001