

## IRS APPOINTMENT CONFIRMATION & PRIVATE VEHICLE REIMBURSEMENT

**TO:**  
**FIRST NATIONS HEALTH AUTHORITY**  
**INDIAN RESIDENTIAL SCHOOL RHSP**  
**BRITISH COLUMBIA REGION**  
**#540 – 757 WEST HASTINGS STREET**  
**VANCOUVER, BC, V6C 3E6**  
**ATTENTION: IRS RESOLUTION SUPPORT ASSESSOR**

FROM: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 PROVINCE: \_\_\_\_\_ POSTAL: \_\_\_\_\_  
 PHONE: \_\_\_\_\_  
 FAX: \_\_\_\_\_  
 EMAIL: \_\_\_\_\_

First Nations Health Authority Use Only					
<b>Coding:</b>	65005	390010	99010	99999	
	Account	CC	Program	Project	
<b>Location</b> <small>Of service Circle one</small>	100000	200000	300000	400000	500000
	North	Interior	Van Island	Fraser	Van Coastal
Commitment Reference			Document Reference		
Verified by	Verified date	Payment Amount			
Name	Signature	<b>Financial Signing Authority</b>		Date	

FINANCE USE ONLY	
Vendor # :	_____
Voucher #:	_____
AP Clerk:	Date: _____

<b>DATE OF SESSION:</b>	<b>STATUS #:</b>
<b>PROVIDER NAME:</b>	<b>CLIENT NAME:</b>
<b>*PROVIDER SIGNATURE:</b>	<b>*CLIENT SIGNATURE:</b>

FUTURE APPOINTMENT(S): IF KNOWN (THIS APPLIES FOR IMMEDIATE TRAVEL REQUESTS ONLY)			
<b>DATE:</b>	<b>TIME:</b>	<b>DATE:</b>	<b>TIME:</b>

PRIVATE VEHICLE REIMURSEMENT (PLEASE COMPLETE IF APPLICABLE):			
<b>FROM:</b>		<b>TO:</b>	
		<input type="checkbox"/> ONE WAY	<input type="checkbox"/> RETURN

**MAKE CHEQUE PAYABLE TO ABOVE NAME & ADDRESS**  
**Please Fax To: 1-604-658-2833**  
**Or Mail To Address Above**  
**Within 2 Working Days of Appointment Completion**

OR → NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_  
 PROVINCE: \_\_\_\_\_ POSTAL: \_\_\_\_\_

FOR OFFICE USE ONLY:		
TOTAL DISTANCE TRAVELLED:	RATE:	TOTAL TO BE PAID TO PAYEE: