

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					
Coding:	65005	390010	99010	99999	
	Account	CC	Program	Project	
Location <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	Financial Signing Authority		Date	

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

DATE OF SESSION:	STATUS #:
PROVIDER NAME:	CLIENT NAME:
*PROVIDER SIGNATURE:	*CLIENT SIGNATURE:

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

PRIVATE VEHICLE REIMURSEMENT (PLEASE COMPLETE IF APPLICABLE):			
FROM:		TO:	
		<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: