EXPENSE REPORT & CHEQUE REQUISITION

PROVINCIAL Health Services AUTHORITY

Province-wide solutions. Better health.

Payee Name: _____
(PLEASE PRINT)

Address: _____

_____

_____ Local: _____

Prepared by: _____ Date: _____
(PLEASE SIGN)

Authorized by: _____ Date: _____
(SUPERVISOR'S SIGNATURE)

Approved by: _____ Date: _____
(SUPERVISOR'S SIGNATURE)

Verified by: _____ Date: _____
(ACCOUNTS PAYABLE)

Transaction Date	DESCRIPTION OF EXPENSE	Cdn $ /US $	Bus. Unit	Fund (2)	ACCOUNT (7)	DEPARTMENT (8)	SITE (3)	PROJECT (8)	GST	TOTALS
					LESS: ADVANCES		0174010			
								TOTALS	-	-