



**REVERTED COMMUNITY FUNDS INVOICE:**

**NOTE: Receipts are required for reimbursement**

Name (please print): \_\_\_\_\_

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

Name of Event for

Reimbursement: \_\_\_\_\_

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

Honoraria: \$ \_\_\_\_\_ for \_\_\_\_\_

Expenses: \$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

\$ \_\_\_\_\_ for \_\_\_\_\_

Total: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

Send or fax invoice to:

Christine Jeffrey  
Physician Compensation  
Nanaimo General Hospital  
1200 Dufferin Crescent  
Nanaimo BC V9S 2B7  
Ph. (250) 755.7691 ext. 56907  
[christine.jeffrey@viha.ca](mailto:christine.jeffrey@viha.ca)

Fax: 250-740-2663