

IHM CHECK/REIMBURSEMENT REQUEST

Note: All check requests require documentation (invoice/receipts) attached

Date of request: _____

Approved by: _____

Remit to: _____
(Company/Individual)

Purpose/Items: _____

	<u>Amounts</u>	<u>Account #</u> (Office Use)	<u>Department/Ministry</u>
TOTAL			

Special Instructions: _____
(ie. Do not mail check, need by "x" date)

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