

Windsor Regional Hospital

REQUEST FOR REIMBURSEMENT BY THE FOUNDATION FOR MINOR EQUIPMENT AND SUPPLIES

Requested By: _____ Date: _____

Amount Requested: _____

Purpose/ _____

Nature of Disbursements: _____

i.e. conference fees, minor equipment _____

Note - copies of invoices/cheque requests relating to this reimbursement request must be attached to this form

Signature _____ Title _____ Department _____

Endorsed by: _____

Program Director/Manager _____ Signature _____ Date _____

APPROVED BY: Note: ALL Expenditures must be approved by the appropriate SLT member for your area

Name _____ **Date** _____

Name of Account: _____ Foundation Fund No. _____

Office Use Only

All completed forms must be sent to the Corporate Controller with a copy to the Foundation office.
This form is not to be used for requests to the Auxiliaries.