

Name of individual to be reimbursed	Community Fund
Address	
Description of cost details (please explain and attach receipts):	
Total:	
<p>I hereby certify that the information provided on and with this application has been reviewed to ensure accuracy and appropriateness for use from the RCME Community Fund.</p>	
CHIEF OF STAFF APPROVAL:	Date:

Allocation Available: \$ <div style="text-align: right;">(office use only)</div>
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Please return completed form with receipts to:

Heather Gummow
CME Coordinator - Northern Health
404 – 299 Victoria Street
Prince George, BC V2L 5B8
Fax - 250-645-6336

heather.gummow@northernhealth.ca