



The University of British Columbia

Family Practice Postgrad: Resident Activity Fund Reimbursement Form

For Admin ONLY*
Resident Activity Fund Category

Payee (as it should read on the cheque)*		Invoice Date (mm/dd/yyyy)*	Vendor ID Number*
Address*		Site*	Worktag Name MOH - Res Act - FM PGY 1/2 Department - FMPR Faculty of Medicine
City/Province*	Postal Code*	Country*	Employee ID Number*

LINE INFORMATION AND CHARGES

Amount*	Account/Expense Type*	Payment description*	Alternate Vendor Number

\$	<--Total amount (CAD)		
----	-----------------------	--	--

Notes	Resident Signature*
-------	---------------------