



Interior Health

Funding Confirmation Form

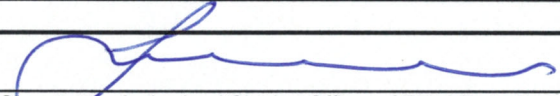
Purpose: For a third party to commit funding towards an operating or capital expenditure by Interior Health

Third Party Donor Information	
Name:	West Chilcotin Health Care Society
Address:	Box 34
	Tatlayoko Lake BC
	V0L 1W0
Attention:	Mike Smialowski
Email:	mooksmd@gmail.com
Phone #:	250-476-1119

Facility:	West Chilcotin Health Centre
Department Manager:	Natalie Kulyk
Department Name:	CIHS
Department/Cost Centre #:	1287.71.5109901

Donor Sensitive Items
Invoice must be received by the Third Party Donor prior to the following: Date:

Approved Capital Budget	Description	Fund (If Applicable)	Replace or Add	Cost per Item (A)	Taxes - GST/PST (B)	Total Cost per Item (C= A+B)	Qty (D)	Total Cost (C x D)	Total Contribution by Donor
	Point of Care Testing Device and Related Items		Add	\$9,100	\$1,092	\$10,192	1	\$10,192	\$10,192
	Downloader Recharger Kit		Add	\$1,300	\$156	\$1,456	1	\$1,456	\$1,456

Authorized by:		
1.	 Signature ~ Authorized Signing Officer of Third Party Donor (Third Party Donor is responsible for payment upon receipt of IH invoice)	Mike Smialowski Print Name
		May 23rd 2018 Date
2.	Signature ~ Site Administrator	Natalie Kulyk Print Name
		Date
3.	Signature ~ Director of Business Support or Designate (Required for purchases greater than \$5,000.00 in total)	Print Name
		Date

Please email completed and signed form to: CapitalAccountingForms@interiorhealth.ca
Phone: 250-342-2301 ~ Fax: 250.342-2306