



October 22, 018

Cariboo Regional District
Williams Lake BC

Cariboo Regional District
File No. Hospital

NOV 05 2018

Referred To CFO

To whom it may concern:

We have two pieces of equipment that we are planning to purchase for the hospital.

First piece is a Hematology Analyzer and second is Hematology Analyser Sysmex XN-550-CN which is an add on to work with the first one as far as I can understand.

Funding confirmation forms are attached.

Traditionally we the Hospital Trust Foundation has raised funds for 60% of the cost and the Cariboo Regional District has picked up 40%.. We hope that relationship continues with this project.

We appreciate all your help in the past and hopefully you will continue on together helping our community with our future projects.

RESPECTFULLY YOURS

A handwritten signature in blue ink, appearing to read "Carol Ann Taphorn". The signature is stylized with a large, sweeping loop at the beginning and a crossbar at the end.

Carol Ann Taphorn Chair

Hospital Foundation Cariboo Trust



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:	Cariboo Foundation Hospital Trust
Address:	PO Box 2562 Williams Lake, BC V2G 4P2
Attention:	Carol Taphorn
Email:	ctaphorn@wlake.com
Phone #:	250-395-0633

Facility:	Cariboo Memorial Hospital
Department Manager:	Kelly Bradley
Department Name:	CMH Laboratory
Department/Cost Centre #:	1265.71.4109920

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

Approved Capital Budget Number	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
1621904200	Hematology Analyzer	Capital Equip	Replace	\$57,136	\$4,485	\$61,621	1	\$61,621	\$36,973
					\$0	\$0		\$0	
	60% funded by Cariboo Foundation Hospital Trust				\$0	\$0		\$0	
					\$0	\$0		\$0	
					\$0	\$0		\$0	
					\$0	\$0		\$0	
					\$0	\$0		\$0	
					\$0	\$0		\$0	
					\$0	\$0		\$0	
					\$0	\$0		\$0	
					\$0	\$0		\$0	
					\$0	\$0		\$0	
					\$0	\$0		\$0	
								Total	\$36,973

Authorized by:

1. 
Signature ~ Site Administrator

Kelly Bradley

Print Name

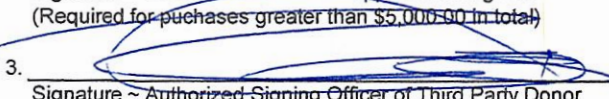
Date

2. _____
Signature ~ Director of Business Support or Designate
(Required for purchases greater than \$5,000.00 in total)

Randy Edwards

Print Name

Date

3. 
Signature ~ Authorized Signing Officer of Third Party Donor
(Third Party Donor is responsible for payment upon receipt of IH invoice)

Carol Taphorn

Print Name

Date

30 October 2018

Oct 30 / 18

Please email completed and signed form to: CapitalAccountingForms@interiorhealth.ca

Phone: 250-342-2301 ~ Fax: 250.342-2306