



HOSPITAL  
EMPLOYEES'  
UNION

## PER CAPITA CHEQUE REQUISITION

(For Completion and Return to Provincial Office – Finance)

Name of Local: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Amount: \_\_\_\_\_

Name of Labour Council: \_\_\_\_\_

Date Affiliated: \_\_\_\_\_

Number of Members: \_\_\_\_\_

Cost Per Member: \_\_\_\_\_

Total Per Capital Costs: \_\_\_\_\_

Payment for Month Of: \_\_\_\_\_

Requested By: \_\_\_\_\_

**PLEASE ATTACH LABOUR COUNCIL RECEIPT**

**FOR FINANCE OFFICE USE ONLY**

Authorized By: \_\_\_\_\_ Dated: \_\_\_\_\_