



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: _____