

CASH ADVANCE FOR PROGRAM ACTIVITY

Name of Employee:		Employee #:		
Place of Activity:				
Activity Starting date:/ End date:/ Expec			Expected # partic	ipants:
BUDGET BREAKDOWN				
Description				Total
	Description			10.01
			GRAND TOTAL	
75% OF REQUESTED AMOUNT				
73% OF REQUESTED AWOUNT				
Employee signature:			Date:	-
Approved by:			Date:	
(Director or Immediate Supervisor)				
☐ Cheque or ☐ Direct deposit (Please check one) required by:				
For the first request, please provide either a cheque specimen or the following banking information:				
Institution name	Transit	Institutio	n number	Account number
For Public Health department use only			- ada	Amount
		Budget		Amount
Approved by:(Person responsible for budget)				
(reison responsible for budger)				

Fax the completed form at (418) 923-2786 or send it to:
Catherine Godin, Program Officer for Chronic Diseases - catherine.godin@ssss.gouv.qc.ca
Wally Rabbitskin, Program Officer for Physical Activity - wrabbitskin@ssss.gouv.qc.ca

N°: