PAYMENT PROCESSING DATE:

Service Provider:

Claims File Numbers:

Invoice Number:

Invoice Date:

Claimant: (if indemnity payment)

 <u>**POLICY PERIOD PAYMENT BREAKDOWN:**</u>

Payable To:

Comments:

Sending Instructions:

Uploaded by _____ on the date _____

FLOAT – TRUST ACCOUNT
Payment/Cheque Approval

Cheque # _____   Date_____   Amount _____

Program Manager _____   Accounting Manager _____

Cheque Signatory: 1._____   2. _____