

PAYMENT PROCESSING DATE:

Service Provider:

Claims File Numbers:

Invoice Number:

Invoice Date:

Claimant: (if indemnity payment)

Defense Counsel File Number:

POLICY PERIOD PAYMENT BREAKDOWN:

Payable To:

AMOUNT:

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. _____