



PUBLIC MONEY RECEIVED TRANSMITTAL RECORD

FASB USE ONLY		
DEPOSIT DATE (YYYY MMM DD)		CASHIER'S INITIALS
EAC CODE	DATE RECEIVED	EAC PHONE
PRINT NAME (VOUCHER CLERK)		
SIGNATURE OF VOUCHER CLERK		

FROM: MINISTRY OF SOCIAL DEVELOPMENT AND SOCIAL INNOVATION
EMPLOYMENT AND ASSISTANCE OFFICE ADDRESS

All cheques and money orders listed below must be stapled to this form.

RECEIPT NUMBER	CHEQUE IDENTIFICATION <small>(include Payor Name, Address)</small>	REASON FOR PAYMENT OR REFUND	SERVICE LINE <small>(5 DIGITS)</small>	OBJECT CODE <small>(4 DIGITS)</small>	CHEQUE AMOUNT
		FILE ID			
TOTAL					\$0.00

Original & Copy --- Send to: Financial Operations - Victoria
PO Box 9950 Stn Prov Govt
Victoria, BC V8W 9R3

Copy Retain in the originating office until stamped copy is returned.