BRITISH COLUMBIA
The Best Place on Earth

Ministry of Social Development

MANUAL IMPREST CHEQUE REQUEST FOR CLIENT

OFFICE CODE

CASELOAD

FILE ID

G A

APPLICANT NAME

RE

BENEFIT MONTH

Y Y Y Y M M M D D

IMP. CHQ. DIST.

CODE	AMOUNT
SUB TOTAL	
LESS DEDUCTIONS	
CHEQUE TOTAL	

Sample

CHEQUE NUMBER

COMMENTS

SIGNATURES

SPENDING AUTHORITY	DATE (YYYY/MMM/DD)

PAYMENYT AUTHORITY	DATE (YYYY/MMM/DD)

DATA ENTRY COMPLETED BY	DATE (YYYY/MMM/DD)