

REIMBURSEMENT REQUEST

INVOICE #

OCG #

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**DATE:**

**REGARDING:**

**TO: The Ministry of Children & Families**  
**401 – 1726 Dolphin Ave**  
**Kelowna, BC V1Y 9R9**

**IN THE AMOUNT OF \$**

**REASON FOR EXPENSE:**

**REIMBUSREMENT REQUESTED BY:**

**Name:**

**Address:**

**City:**

**Postal Code:**

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*Signature of Requestor*

*Supporting Documentation Required 1) Original Invoice 2) Proof of Payment 3) Coding Block*