MFF CASE # ☐

Priority:
High ___
Medium ___
Low ___

REQUEST FOR CHEQUE

It is requested that a cheque be drawn in the amount of : $ - **and payable to:**

PAYEE (Rank, ME # if applicable)

ADDRESS:

DESCRIPTION	Amount	CE
GST		
Total	**$ -**	

The cheque is to be issued against the

TF 55500-498

Additional Action Required (if applicable)
Payee to be advised that receipts are required for all expenses.

AUTHORITY

Submitted by: _____ **Approved by:** _____

Appointment: _____

Date: _____ **Date:** _____

Indicate action required:

Cheque issued by Ottawa MFF Staff ☐

Cheque issued by local NPF staff (urgent cases only) ☐

CE Codes: 102 homecare, 142 groceries, 145 food/catering, 169 educational programs, 203 medical
205 token of sympathy, 210 utilities, 217 lodging, 229 hospitality, 278 meals, 280 travel
288 clothing, 290 repairs, 291 telephone, 500 memorials, 900 legal