

Note: Before you proceed, please click Options on the yellow pop-up and select "Enable JavaScript for this document one time only".

Provision of Support From The Hospital Comforts Fund
Prestation de services de soutien du Fonds de bien-être dans les hôpitaux

Request for Payment
Demande de paiement

Hospitalized CAF Member Membre des FAC hospitalisé	Service Number Numéro matricule
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Home Address Adresse du domicile

Name of Hospital Nom de l'hôpital

From / Du	To / Au
Claim period Période de réclamation	

CLAIMED EXPENSES DÉPENSES RÉCLAMÉES
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Services	Subtotal Sous-total	HST / TVH	Total	SA Code / Code SA	GL
Amenities (max \$10/day) Commodités (max 10 \$/jour)				305	0200-0072-7460-305-00000
Parking (max \$75/mth) Stationnement (max 75 \$/mois)				452	0200-0072-7460-452-00000
Total in					

***Please choose currency

Claim prepared by Unit Clerk Réclamation préparée par le commis de l'unité	Claim submitted by Unit Commanding Officer Réclamation soumise par le commandant de	Authorization NPP Accounting Manager Autorisation du gestionnaire de la comptabilité des FNP
Signature and phone number	Signature and phone number	Signature and phone number
Date	Date	Date

Claimant solemnly declares that he or any members of his immediate family have not submitted any insurance claim nor received any form of compensation for any of the expenses listed above and submitted for consideration and reimbursement under the provision of support from the hospital comforts fund.

Claimant signature Signature du requérant	Date
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***Please submit the following to +PSP.Europe@forces.gc.ca
Veuillez soumettre les document ici-bas à +PSP.Europe@forces.gc.ca

1. Completed NPP Request for Payment / Demande de paiement complétée
2. Parking receipts / Reçus de stationnement
3. Letter of admission/discharge / Lettre d'admission / de sortie
4. Completed banking information (either European or Canadian account) / Informations bancaires complètes (compte européen ou canadien)

Data to Create CF # for Canadian Banks for members in Europe

CF #	* mandatory fields/obligatoire*
Last Name/Nom*	
First name/prénom*	
Middle name/autre prénom	
Unit in Europe/Unité*	
Date of Birth/Date de naissance*	
Element/Élément (Air, Army...)	
Rank/Grade/Civ	
Service #/PRI/NPP#*	
Canadian Address (CFPO)*	
Adresse canadienne (CFPO)*	
Phone ##/ tél*	
Email/Courriel*	
Banking Info for direct deposit	
Information bancaire dépôt	
Bank Institution #/No. Institution bancaire*	
Bank Branch #/ No. Succursale bancaire*	
Bank Account #/No. Compte bancaire*	
Name of the Bank/nom de la banque	

Note: if at all possible, add a void cheque
Si possible, fournir un chèque annulé

Data to create CF# for European Banks for members in Europe	
CF#	* mandatory fields*/obligatoire*
Last Name/Nom*	
First name/prénom*	
Middle name/autre prénom	
Unit in Europe/Unité*	
Date of Birth/Date de naissance*	
Element/Élément (Air, Army...)	
Rank/Grade/Civ	
Service #/PRI/NPP#*	
International Address*	
Adresse internationale*	
Phone ## tél*	
Email/Courriel*	
Banking Info for direct deposit	
Information bancaire dépôt	
Name of bank/Nom de banque*	
City of bank/Ville de la banque*	
IBAN#*	
SWIFT/BIC#*	