HÉMA-QUÉBEC
Produits sanguins
Cellules souches
Tissus humains

Request for Reimbursement

This form is addressed to you if you wish to obtain a reimbursement for costs incurred to have your physician fill out the physician's consent form. ***The request for reimbursement will be completed upon presentation of your receipt attached to this request .***

A. Information on the participating mother (please print)	
Last name, first name:	
Address:	
City:	
Postal code:	

B. Reimbursement	
Reimbursement amount (receipt attached)	$_____
Signature of the participating mother:	
Date of request:	

C. FOR HÉMA-QUÉBEC'S USE ONLY	
DEMANDE D'ÉMISSION DE CHÈQUE	
Nature comptable:	
Ordre interne/Centre de coût:	
Révision des pièces justificatives :	Conforme: Oui ☐ Non ☐
Responsable du service demandant	Date
Responsable de la comptabilité	Date

Return the duly completed form along with your receipt to:

Héma-Québec
4045, boulevard de la Côte-Vertu
Saint-Laurent, Québec H4R 2W7

17.02.2014