



CYTOLOGY DEPARTMENT

Date: _____

Provincial Health Services Authority (PHSA)
BC Cancer Agency (BCCA)
Finance Department West 7th
Suite 260-1770 Avenue
Vancouver, BC
V6J 4Y6

Dear Finance,

Please charge \$ to my Credit Card.

(If receipt required)

Card #: _____

Address: _____

Expiry Date: _____

In the name of: _____

CODE: **PAPREV** * \$25.00 (Non-resident) *\$12.50 (Uninsured resident)

Coding: 00010-01-1203085-75556624-099 for payment of invoice (Hospital use only)

Thanks,

Signature of Card Holder:

Please attach copies of the front and back of the card. Please send to the attention of Shelly Wan/Finance Department.

Provincial Health Services Authority
BC Cancer Agency
Suite 260-1770 West 7th Avenue
Vancouver, BC
V6J 4Y6

604-875-7127 phone

604-708-2064 fax – personal and confidential – on computer