

WAITEMATA DHB – TRANSFER OF EXPENDITURE

CROSS-CULTURAL RESOURCE ORDER FORM

To: Elena Wong, Asian Health Support Services
 Fax: 4868307

Date: _____

First Name: _____ Surname: _____

Occupation: _____

Workplace: WDHB Dept/Service _____

Location/Address to post resource to: _____

Work Phone: _____ Mobile: _____ Fax: _____

Email: _____

I would like to order the following resources

ITEM CODE	SHORT DESCRIPTION	Unit (each)	Unit Price	Amount Unit x Unit Price
CCR1	iCare™ Cross-Cultural Resource Kit The kit includes a Booklet and a CD-Rom © Waitemata DHB and RAS NZ		NZ\$80.00	NZ\$
CCR2	CD ROM: Cross-Cultural Resource for interpreters and health practitioners working together in mental health (Part 1): © NDSA		NZ\$12.00	NZ\$
			Sub-total	NZ\$
			Shipping/Postage	NZ\$
			Total Amount	NZ\$

APPROVAL FOR THE TRANSFER OF EXPENDITURE

<p>Debit: (RC incurring the expense)</p> <p>_____ / _____ / _____</p> <p>Signature of Manager incurring expense</p>	<p>Credit (RC earning the income)</p> <p>_____ / _____ / _____</p> <p>Signature of Manager gaining revenue</p>
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Office use only:

Order received date: _____ Item sent date: _____ Charged Date: _____

Processed by: _____