



Health Protection
PO Box 722
New Westminster BC
V3L 4Z3
(604) 918-7507

INVOICE: **AB123456789**
Owner Name
Facility Name

Payment by: VISA MasterCard American Express Cheque # _____

Name as Shown on the Credit Card

Payment Amount

\$ _____

Credit card Account Number

Expiry Date

____ / ____

Cardholder's Signature _____

Contact # _____

Please return this portion with your payment



Health Protection
PO Box 722
New Westminster BC
V3L 4Z3
(604) 918-7507

INVOICE
AB123456789

HEALTH PERMIT OPERATING FEES

01-Apr-2017

Owner Name

12345 1st Ave.,
Anywhere, BC V1Y 1X1

A validation decal(s) will be issues uponreceipt of payment of this invoice.

The Health Act Fees Regulation provides that an operating permit is valid only if it bears an unexpired decal.

Building site at:

Facility Name	E.g Starbrooks #3214	17 -31 Mar, 18	\$150.00
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↑
store #

Total Due on Receipt **\$150.00**

Please Note

Payment in full is due upon receipt of this Invoice.

To pay by cheque, make the cheque payable to "Fraser Health" and indicate your invoice number on the cheque.

To pay by credit card complete the credit information on the top of the invoice and mail to the address indicated.

To pay by phone call the Billing Department at (604) 918-7507, Monday - Friday 08:30 - 16:30 with your Invoice Number and credit card information.



Health Protection
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 New Westminster BC V3L 4Z3
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HEALTH PERMIT OPERATING FEES **01-Apr-2017**

Owner Name
 12345 1st Ave.,
 Anywhere, BC V1Y 1X1

A validation decal(s) will be issues uponreceipt of payment of this invoice.

The Health Act Fees Regulation provides that an operating permit is valid only if it bears an unexpired decal.

Building site at:

Facility Name 1	E.g Starbrooks #3214 ← store #	\$250.00
Facility Name 2		\$150.00
Facility Name 3		\$75.00

Sub-Total \$475.00
 PST \$0.00
 GST \$0.00

Total Due → \$475.00

PLEASE NOTE:
 Payment in full is due upon receipt of this invoice. Please make cheque payable to "Fraser Health" and indicate your invoice number on the cheque. To pay by Visa, Mastercard, or American Express please phone Billing Department at (604) 918-7507, 8:30am- 4:30pm Monday to Friday with your Invoice Number.

Please fill in the stub below, detach and return with your payment. Keep this portion for your records.



Return to:
 Health Protection
 PO Box 722
 New Westminster BC V3L 4Z3
 (604) 918-7507

INVOICE
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HEALTH PERMIT OPERATING FEES **01-Apr-2017**

Owner Name
 12345 1st Ave.,
 Anywhere, BC V1Y 1X1

Cheque #: _____
Amount: _____

Please indicate which facilities that you are paying for by marking them in the list below.

Facility Name 1 Starbrooks #3214	Facility Name 2	Facility Name 3
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↑
store #