



**Instructions:** Complete the online form fields, save, and email with supporting information to Accounts Receivable Service Centre at [nshaaccountsreceivable@nshealth.ca](mailto:nshaaccountsreceivable@nshealth.ca)

<b>Billing Form – Accounts Receivable Service Centre</b>	
<b>REQUESTOR INFORMATION: **</b>	
Date of Service: (dd/mm/yyyy)	
Cost Centre or Bal. Sheet G/L (where Recovery/Revenue is to be Coded):	
Cost Element (Recovery GL):	
Requestor Name:	
Position/Title:	
Email:	
Tel:	
Recovery Amount:	
HST (if applicable):	
Total Invoice Amount (including HST):	
Invoice Text Description (max 50 characters):	
<b>BILLING INFORMATION: **</b>	
Company or Individual to be Billed:	
Billing Contact Name:	
Billing Address: (room #, street address, city, province, postal code):	
Email:	
Tel:	
** ALL FIELDS REQUIRED The billing process will be completed in five to eight business days from receipt of this completed form accompanied by proper supporting documentation.	
<b>FOR ACCOUNTS RECEIVABLE USE ONLY:</b>	
Date Invoice Completed:	Clerk Name:
Invoice Number:	Emailed: <input type="checkbox"/> YES <input type="checkbox"/> NO
Customer # & Search Term:	Date Emailed/Mailed: