UNITED DISTRICT CONSTABLES ASSOCIATION

ASSISTANCE TO PURCHASE MEDICATION

Constabulary Station

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The President
United District Constable Association

Dear Sir,

APPLICATION OF #.....
FOR ASSISTANCE TO PURCHASE MEDICATION

I hereby apply for assistance to purchase medication from the United District Constables Association in respect to:

Myself □ Spouse □ Child □ who has a medical procedure to be done.

Therefore I am expected to pay $.....

Please find attached the following Documents:
(**Other Comments**)

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My contact numbers are: Cellular:..... Home:..... Work:.....

Sincerely

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Signature

FOR OFFICE USE ONLY	
Cost of Procedure	
Amount paid by Insurance	
Remaining portion	
JCF Welfare Fund	
Cheque 3 and amount	
Recommended BY:	
Approved BY:	