

## **Cheque Requisition Form**

Date:	Phone:		
Payable to:			
Address:			
Is this payment request for a service perfo	rmed by an individual? If yes, a SIN is	s required as per t	he CRA.
SIN:			
Description of expense	GL Code (xx-xxx-xxx-xxx)	Amount (incl GST)	GS <sup>-</sup>
tal			
☐ Mail directly to vendor:	□ Internal mail:		
$\square$ Hold for pickup (at district office)	☐ Other:		
Signatory must have authority to approve exinvoice, and any oth	xpenses for the above GL budget code er supporting documents are attache	es. Please ensure d.	related
Approved by:	to the charge payor)		
(Name of approver cannot be the same a	as the cheque payee)		
Signature:			