

CHEQUE REQUISITION FORM

NOTE TO USER: DO NOT USE THIS FORM IF YOU HAVE AN INVOICE								
Date: Ch					neque Amount: Canadian\$ / US\$ (circle one)			
Pay To:				SIN #:		when applicable)	·	
Addre	ess:				Banner ID:	·		
Phone Nu					•	(\)	when applicable)	
Email Add					•			
Particul	lars:							
Send Cheque to: Same as Above OR Other:								
Charç	ge to:	Org (Code	Acc	count Code			
Requisiti	oner:	P	lease Print		Sigr	Signature (I confirm that no conflict of interest exists in the purchase of goods/services from this vendor)		
Departr	ment:				Local:		Date:	mm/dd/yy
Approved by:MUST have signing authorization (please print clearly					Sigr		nat no conflict of in	nterest exists in the this vendor)
	Title:				Local:		Date:	
FOR FINANCE USE ONLY								
Invoice # Banner ID #								
Index	Fund	Org	Acct	Actv	Pre-Tax Amount	GST	PST	Total