

Date: \_\_\_\_\_

Pay To: \_\_\_\_\_

SIN #  
MUST BE COMPLETED (when applicable)

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

BN#  
MUST BE COMPLETED (when applicable)

Email Address: \_\_\_\_\_

Briefly describe service rendered:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Visit(s): \_\_\_\_\_

Amount:  \$35.00  \$50.00  \$75.00  Other: \_\_\_\_\_

Amount over \$500 requires approval from the Office of the President.

Charge to:

Requisitioner: \_\_\_\_\_  
Please Print

\_\_\_\_\_  
Signature

Department: \_\_\_\_\_

Phone/Local: \_\_\_\_\_

Approved by: \_\_\_\_\_  
MUST have signing authorization (please print)

\_\_\_\_\_  
Signature

Title: \_\_\_\_\_

Phone/Local: \_\_\_\_\_

Date Approved: \_\_\_\_\_

**FOR FINANCE USE ONLY**

Invoice #				Banner ID #		
Index	Fund	Org	Account	Pre-Tax Amount	HST	Total
			<b>7895</b>			