

## **REQUEST FOR CHEQUE**

Note: Please allow at least 2 weeks for processing. Attach all <u>ORIGINAL</u> supporting documents - (invoices, receipts, registration forms, order forms, etc.)

To be completed by	y requester:			
Requested for:	Supplier	Employee	EE#	
Payable to:			Vendor #	
Mailing address:				
If payable to Canad	lian individu	ial - Social Insi	arance No	
If payable to a non (If no waiver has b deducted)			g tax waiver attached? Iding tax will be	Yes □ No □
Amount required:			GST. amount	
GST #R			PST. amount	
Charge to G/L acco	unt:			
Reason for Reques	t:			
Date Cheque Requ	ired:			
Handling Instructi	ons:			
Requested by:				
Approved by:				
Date Approved:				