

CHEQUE REQUISITION

Today's Date:				Name of Club or Student Union			
Cheque Payable To (print legibly):						
In The Amount Of:							
Describe the request	and/or provide additi	ional inforr	mation, if	necessary:			
Supporting Docum	nents (Invoices, origina	l receipts, n	ninutes, e	tc) MUST be stapled neatly	to the back of this shee	 et	
Documen	tation to be forwarded	with the ch	eque MUS	ST be paperclipped to the frought in unnecessary DELAY (ont of this sheet		
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Requested by:				Position:			
CHEQUE TO	BE PICKED UP			CHEQUE TO	BE MAILED		
				mail off campus	mail on campus		
Picked up by: OR			S tr	Street Address:			
Email:				City, Province:			
			Po	stal Code:			
Invoice Number	Invoice Date (mm/dd/yy)	Invoice	e Total	Account Breakdown	Amount		
				1			
				/			
				/			
				/			
		OFFIC)				
		OFFIC	CE USE	ONLY			
Vendor Number:				Club Request: GO Coord Initials:			
Batch Posting: Cheque Number:				DSU Request: Organiser Initials:			
Approved By:				_Position:			
Approved By:Position:Position: Operations Organizer, VP Finance, or Designate Approval Required On All Cheque Reqs Over \$1000							
Cheque Mailed/ Picked Up By (print):				Date Mailed/Picked Up:			

This form has been created in compliance with the **Personal Information Protection Act**. Personal information will be used solely for cheque processing. By providing it, you give the Simon Fraser Student Society consent to use this information in this way only. This information will be kept confidential. and will not be sold or traded to any other organisation. If you do not consent to this, please refrain from providing us with your information.