

CHEQUE REQUISITION FORM

Course Unions, Student Groups, and Affiliate Groups



| | | | |
|------------------|-------------------|----------------------|-------------------|
| Payable To: | | Date: | |
| Email: | | Phone: | |
| Mailing Address: | Apartment # _____ | Street Address _____ | |
| | City _____ | Province _____ | Postal Code _____ |

For cheques over \$500 ONLY check this box if you want to pick up your cheque in-person at the TMSU office in the SCC All other cheques will be mailed to your address provided above

| | | | |
|--|---|--|--|
| Group Name: <small>no acronyms</small> | | Name Of Event: | |
| Select which account you wish to withdraw from | <input type="checkbox"/> Budget Account | <input type="checkbox"/> Trust Account | <input type="checkbox"/> Grant Funding |

You can only select grant funding if you already have been approved

If you are splitting a purchase / receipt between multiple accounts you must submit this form twice with your receipt attached.

| Vendor Name | Description (include event & date) | Amount | Account <small>Office Use Only</small> |
|---------------------------|------------------------------------|--------|---|
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| TOTAL REQUISITION: | | | |

| | | | |
|--------------------------|-----------|--------------------------|-----------|
| _____ | _____ | _____ | _____ |
| Name | Signature | Name | Signature |
| Signing Officer 1 | | Signing Officer 2 | |

| OFFICE USE ONLY | |
|--|-----------------------------------|
| Received By: _____ <small>Name</small> | C.G. Coordinator Signature: _____ |
| Received By: _____ <small>Signature</small> | Cheque #: _____ |
| Received Date: _____ | Batch/Entry: _____ |
| | E.D. _____ F.C. _____ |
| | Pres. _____ VP Op. _____ |
| | Date Processed: _____ |