



SCHOOL DISTRICT NO. 27 (CARIBOO-CHILCOTIN)

CHEQUE REQUISITION

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

Cheque Payable To: \_\_\_\_\_

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

street

city

postal code

(BOARD OFFICE USE ONLY)
Vendor # _____
Invoice# _____
Date of invoice _____

Mail cheque directly from accounting department \_\_\_\_\_

Return cheque to originator \_\_\_\_\_

REASON FOR PAYMENT (must be documented):

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ACCOUNT CODE	AMOUNT (Incl. GST)	GST
<b>Cheque Total</b>		

Requested by: \_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

Approved by: \_\_\_\_\_

Print Name

\_\_\_\_\_

Signature

ITEMIZED, ORIGINAL RECEIPTS MUST BE ATTACHED IN ORDER FOR CHEQUE REQUISITIONS TO BE PROCESSED

**\*\*\*REIMBURSEMENT REQUESTS MUST BE SUBMITTED WITHIN 30 DAYS\*\*\***