

REQUISITION FOR PAYMENT	For Accounting Use Only	
	Posting Date:	Cheque #:
CHEQUE REQUESTED BY:	DATE:	
MAKE CHEQUE PAYABLE TO:		

DESCRIPTION OF EXPENSE	Date of Expense	Amount
Receipt/Invoice #1*		
Receipt/Invoice #2*		
Receipt/Invoice #3*		
Receipt/Invoice #4*		
Receipt/Invoice #5*		
Receipt/Invoice #6*		
Receipt/Invoice #7*		
Receipt/Invoice #8*		
TOTAL AMOUNT REQUESTED:		

* Please attach receipts/invoices. Reimbursement requests will not be processed without supporting receipts/invoices for expenses submitted.

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