

CHEQUE REQUISITION FORM

GUs, Course Unions & Student Groups



Cheque Number:

Payable To: (please print legibly)		<h3>Trust Account</h3>		
Email:	Date of Requisition:			
Address:	Type of Activity: (eg. social, career, advertising)			
Name of Group:	Telephone #:			

Vendor Name	Description (Event & Date)	Amount:	Account: (Office Use Only)
TOTAL AMOUNT REQUESTED:		<input type="text"/>	<input type="text"/>

NOTE: THIS FORM REQUIRES TWO (2) SIGNATURES FROM THE GROUP. I understand that all invoices and receipts covering this cheque are to be given to RSU and I guarantee that this matter has been approved by the executive I represented.

Signing Officer #1 **Signing Officer #1** **Signing Officer #2** **Signing Officer #2** **Campus Groups Coordinator** (Signature)
 Print Name Signature Print Name Signature Requisitioner

Office Use Only:			
General Manager _____	Financial Controller _____	VP Operations _____	President _____
Received By (print) _____	Signature _____	Date: _____	Batch/Entry: _____ Date Processed: _____

Note: If this cheque is being reissued, a stop payment fee will apply.