

# Cheque Requisition Form

Please attach original receipts and submit to the Finance Department, Castlegar Campus.

**FINANCE  
DEPARTMENT**



VOUCHER NUMBER

VENDOR NUMBER

ENCLOSURE

Payee address

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Purpose of payment

		-				-													
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\_\_\_\_\_  
\$ - AMOUNT

		-				-													
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\_\_\_\_\_  
\$ - AMOUNT

\_\_\_\_\_  
**\$ - REQUISITION TOTAL**

\_\_\_\_\_  
PRINT NAME (ORIGINATOR)

\_\_\_\_\_  
PRINT NAME (MANAGER)

\_\_\_\_\_  
ORIGINATOR SIGNATURE

\_\_\_\_\_  
APPROVING MANAGER SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

250 365 1222 Finance Department  
1 888 953 1133 selkirk.ca  
*Within Reach. Beyond Imagination.*