

Cheque Requisition Form

Please attach original receipts and submit to eepayables@selkirk.ca

**FINANCE
DEPARTMENT**



VOUCHER NUMBER

VENDOR NUMBER

ENCLOSURE

Payee address

Purpose of payment

Work Order:

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Account:

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\$ - AMOUNT

Work Order:

		-				-			
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Account:

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\$ - AMOUNT

\$ - REQUISITION TOTAL

PRINT NAME (ORIGINATOR)

DATE

Approval from Work Order Supervisor will be requested in Unit4 once Finance has input request.

250 365 1222 Finance Department

1 888 953 1133 selkirk.ca

Building Remarkable Futures.