Cheque Requisition Honourarium

FINANCE DEPARTMENT

Selkirk College

SUBMIT TO EEPAYABLES@SELKIRK.CA ONCE COMPLETE.

Payee: _____

Address: _____

_____

_____

Mandatory Phone Number: _____

Date of visit: _____

Cumulative payments exceeding $500 in one calendar year require a SIN number on file as a tax form will be produced. To provide yours, please contact eepayables at: 250-365-1401

Contribution to Selkirk College:

EXPENSES	Dollar Amount $
Honorarium	

Work Order: ___ ___ - ___ ___ ___ - ___ ___ ___ Account: ___ ___ ___ ___

_____
$ - AMOUNT

Work Order: ___ ___ - ___ ___ ___ - ___ ___ ___ Account: ___ ___ ___ ___

_____
$ - AMOUNT

_____
$ - TOTAL

PRINT NAME (REQUISITIONER) _____ YOUR SIGNATURE (REQUISITIONER) _____ DATE _____

PRINT NAME (APPROVING MANAGER) _____ APPROVING MANAGER SIGNATURE _____ DATE _____

250 365 1295 Finance Department
1 888 953 1133 selkirk.ca
Building Remarkable Futures.