

# Request to Invoice

This is a requisition only. **This is NOT AN INVOICE.** Please send the completed form with supporting documentation to Finance Department, Accounts Receivable.

Company Name: \_\_\_\_\_

Invoice Number: \_\_\_\_\_

Company Address: \_\_\_\_\_

Date of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Attention:

250 365 1222 Finance Department

1 888 953 1133 selkirk.ca

*Within Reach. Beyond Imagination.*

Description - supply all supporting documents	Amount
<input type="checkbox"/> GST <input type="checkbox"/> GST Exempt	
<b>Total</b>	

\_\_\_\_\_

\$ - AMOUNT

\_\_\_\_\_

\$ - AMOUNT

\_\_\_\_\_

\$ - AMOUNT

\_\_\_\_\_

\$ - AMOUNT

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

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

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

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