KWANTLEN POLYTECHNIC UNIVERSITY

CHEQUE REQUISITION FORM

NOTE TO USER: DO NOT USE THIS FORM IF YOU HAVE AN INVOICE

Date: _____ Cheque Amount: _____
Canadian$ / US$ (circle one)

Pay To: _____ SIN #: _____
(when applicable)

Address: _____ Banner ID: _____
(when applicable)

_____

_____

Particulars: _____

_____

_____

Send Cheque to: **Same as Above** **OR** Other: _____

Charge to: Org Code _____ Account Code _____

Requisitioner: _____ _____
Please Print — Signature (I confirm that no conflict of interest exists in the purchase of goods/services from this vendor)

Department: _____ Local: _____ Date: _____
mm/dd/yy

Approved by: _____ _____
MUST have signing authorization (please print clearly) — Signature (I confirm that no conflict of interest exists in the purchase of goods/services from this vendor)

Title: _____ Local: _____ Date: _____
mm/dd/yy

FOR FINANCE USE ONLY

Invoice # | Banner ID #

Index	Fund	Org	Acct	Actv	Pre-Tax Amount	GST	PST	Total