



Date: _____

Pay To: _____

SIN #
MUST BE COMPLETED (when applicable)

Address: _____

BN#
MUST BE COMPLETED (when applicable)

Briefly describe service rendered:

Date(s) of Visit(s): _____

Amount: \$35.00 \$50.00 \$75.00 Other: _____

Amount over \$500 requires approval from the Office of the President.

Charge to:

Requisitioner: _____
Please Print

Signature

Department: _____

Phone/Local: _____

Approved by: _____
MUST have signing authorization (please print)

Signature

Title: _____

Phone/Local: _____

Date Approved: _____

FOR FINANCE USE ONLY

Invoice #				Banner ID #		
Index	Fund	Org	Account	Pre-Tax Amount	HST	Total
			7895			