



Date: _____

Pay To: _____

SIN #

MUST BE COMPLETED (when applicable)

Address: _____

Phone Number: _____

BN#

MUST BE COMPLETED (when applicable)

Email Address: _____

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: Fund Code Org Code

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	GST	Total
			7895			