

LAKEHEAD UNIVERSITY CHEQUE REQUISITION

SUBMIT TO ACCTSPAYABLE@LAKEHEADU.CA WITH SUPPORTING DOCUMENTATION IN ONE COMBINED PDF

Incomplete forms will be returned.

DATE:	PHONE EXT:	ACCOUNTS PAYABLE USE ONLY VOUCHER NUMBER:
NAME:	DEPARTMENT:	

PAYEE INFORMATION -- All fields marked with an * must be completed

*NAME:

*ADDRESS:

VENDOR/LU ID#:

*EMAIL:

*PHONE #:

FOR HONORARIUMS AND/OR STIPENDS, PLEASE
PROVIDE THE SOCIAL INSURANCE NUMBER:

REASON FOR PAYMENT:	SELECT PAYMENT OPTION: ELECTRONIC TRANSFER (preferred) MAIL DIRECT INTEROFFICE MAIL PICK UP AT ACCOUNTS* *EXT FOR PICK UP:
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PAYMENT DETAILS - ITEMIZE EACH RECEIPT SEPARATELY! ATTACH ANOTHER SHEET IF NECESSARY. TAXES MUST MATCH INVOICE TOTALS.

BUDGET CODE XX-XX-XXXXXXXX-XXXXX	RECEIPT DESCRIPTION	AMOUNT BEFORE TAX	GST/HST	TOTAL
TOTALS:				

FOR ASSISTANCE AND FURTHER INFORMATION , PLEASE VISIT THE FINANCIAL SERVICES WEBSITE.

<https://www.lakeheadu.ca/faculty-and-staff/departments/services/finance/treasury/accounts-payable/cheque-requisitions>

AUTHORIZED SIGNATURE:

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