CLEAR FORM

Lakehead UNIVERSITY | Financial Services

LAKEHEAD UNIVERSITY CHEQUE REQUISITION

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

Incomplete forms will be returned.

DATE:

PHONE EXT:

NAME:

DEPARTMENT:

ACCOUNTS PAYABLE USE ONLY

VOUCHER NUMBER:

PAYEE INFORMATION **All fields marked with an * must be completed. Please include the full mailing address.**

*NAME:

VENDOR/LU ID#:

*ADDRESS: Enter FULL Mailing address: street, city, province/state, country, postal code

*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:

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
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
				0.00
	TOTALS:	0.00	0.00	0.00

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:

AUTHORIZED SIGNATURE:

AUTHORIZED SIGNATURE: