

# LAKEHEAD UNIVERSITY CHEQUE REQUISITION

RETURN TO ACCOUNTS PAYABLE WITH SUPPORTING DOCUMENTATION

DATE:	HOW SHOULD THE CHEQUE BE PROCESSED:
SUBMITTING DEPT:	MAIL DIRECT
PHONE EXT:	ELECTRONIC PAYMENT
CHEQUE AMOUNT:	INTER-OFFICE
CAD            USD	PICKUP AT ACCOUNTS
PAY TO:	FOR PICKUP, CALL EXT #

REASON FOR PAYMENT (include important dates)

BUDGET CODE:

AUTHORIZED SIGNATURE:

PRINT NAME:

AUTHORIZED SIGNATURE:

PRINT NAME:

PLEASE PROVIDE S.I.N. AND DATE OF BIRTH IF THIS IS FIRST REIMBURSEMENT FROM LAKEHEAD UNIVERSITY

DATE OF BIRTH
SOCIAL INSURANCE NUMBER

ACCOUNTING USE ONLY				
GL ACCOUNT #	NET AMOUNT	INVOICE #	INV. DATE Y/M/D	INVOICE REF.#
VENDOR ID #:			VOUCHER #:	
CHEQUE #:	DATE:	AUTHORIZED APPROVAL:		

**INSTRUCTIONS:**

Please use form fields, or print clearly. The cheque requisition form must contain the following:

- all fields in the top portion must be properly completed
- must include the budget code
- must have proper authorization for the budget code and the signing authority limits as set out in the Lakehead university policy on signing authority
- all cheque requisitions payable to oneself must have authorization from your supervisor
- the original receipts showing the details of the purchase must be attached