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 must be completed

*NAME: VENDOR/LU ID#:

*ADDRESS: Enter FULL mailing address: Street, City, Province/State, 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
- 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: