



LAKEHEAD UNIVERSITY CHEQUE REQUISITION

Submit completed form, with supporting documentation combined into one PDF, to acctspayable@lakeheadu.ca.

Incomplete submission file will be returned. **All fields marked with an * must be completed.**

SUBMITTER INFORMATION

*DATE _____ *PHONE EXT _____
*NAME _____ *DEPARTMENT _____

ACCOUNTS PAYABLE USE ONLY

VOUCHER NUMBER: _____

PAYEE INFORMATION

*NAME _____
HOME ADDRESS IF PAID TO A PERSON; BUSINESS ADDRESS IF PAID TO AN ENTITY
*STREET _____
*CITY, PROVINCE/STATE _____
*POSTAL CODE/ZIP CODE _____
*COUNTRY _____

*LAKEHEAD EMPLOYEE OR STUDENT? No

IF YES, LAKEHEAD ID No. _____

*EMAIL _____

*PHONE NUMBER _____

PERSONAL NUMBER IF PAID TO A PERSON. BUSINESS NUMBER IF PAID TO AN ENTITY

ACCOUNTS PAYABLE USE ONLY

SIN on File

T4A

PAYEE'S SIN FOR HONORARIUMS OR STIPENDS _____

PAYMENT JUSTIFICATION AND TYPE

*REASON FOR PAYMENT _____

*PAYMENT TYPE

- ☐ ELECTRONIC FUNDS TRANSFER (PREFERRED)
☐ CHEQUE, MAIL DIRECT CHEQUE,
☐ INTEROFFICE MAIL
☐ CHEQUE, PICK UP AT ACCOUNTS❖

❖EXT FOR PICK UP NOTIFICATION

PAYMENT DETAILS

ITEMIZE EACH RECEIPT SEPARATELY. ATTACH ANOTHER SHEET IF NECESSARY. TAXES MUST MATCH INVOICE TOTALS.

BUDGET CODE XX-XX-XXXXXXXX-XXXX	PURCHASE DESCRIPTION	SUBTOTAL (BEFORE TAX)	GST/HST	TOTAL
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
				\$ 0.00
GRAND TOTALS		\$ 0.00	\$ 0.00	\$ 0.00

*CURRENCY ☒ CAD ☐ USD

FOR ASSISTANCE AND ADDITIONAL INFORMATION, PLEASE VISIT THE [ACCOUNTS PAYABLE WEBSITE](#).

APPROVAL(S)

ADOBE CERTIFICATION SIGNATURE ONLY. **NOTE: COMBINE DOCUMENTATION WITH FORM BEFORE SIGNATURES.**

*NAME 1 _____ NAME 2 _____ NAME 3 _____