



SCHOOL CHEQUE REQUISITION FOR SCHOOL-GENERATED FUNDS

Pay to the order of:

Address:

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| |
| |
| |

Amount of Cheque: _____

School Category Name:

School Category #:

| |
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| |
| |

| Description (include invoice # and details) | HST Paid | Total Amount Payable |
|---|----------|----------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total | | |

Date Required: _____

Special Instructions:

| |
|--|
| |
|--|

Requested by:

Signature

Date

Authorized by:

School Principal

Date

Note: Original receipts and invoices must be attached to the cheque requisition.

Form: AC-409