

FINANCE DEPARTMENT CHEQUE REQUISITION/CONTRACT RELEASE

NOT TO BE USED TO AUTHORIZE PERSONAL REMUNERATION

Initiator/department to complete all non-shaded areas as applicable

When completed forward:

Cheque requisition: *Accounts Payable, Suite B, E.O.B. or*
Contract release: *Procurement Services, Suite B, E.O.B.*

PAY TO	VENDOR NAME/INDIVIDUAL SURNAME:			INDIVIDUAL FIRST NAME:		
CAMPUS MAILING ADDRESS IF INTERNAL PAYMENT	Building:			Check One: <input type="checkbox"/> Keele <input type="checkbox"/> Glendon		
	Department/Room No:					
EXTERNAL MAILING ADDRESS	Address – Number, Street, and Apt. No. or P.O. Box, R.R.:					
	Address – Continuation if required:					
	City:	Province/State:	Postal code:	Country:		
CONTRACT RELEASE (SUPPORTING INVOICE(S) MUST BE ATTACHED)	CONTRACT NUMBER:			PURCHASE ORDER NUMBER:		
REASON FOR PAYMENT (SUPPORTING INVOICE/DOCUMENTATION MUST BE ATTACHED)	PAYMENT OR REFUND (SPECIFY REASON):					
SHADED AREAS ARE FOR FINANCE DEPARTMENT ONLY	Vendor Number:			Voucher Number		Tax Code:

Checked By:	CHARTFIELD(S) TO BE CHARGED:			OPTIONAL			Check one: Cdn. Funds <input type="checkbox"/> U.S Funds <input type="checkbox"/>	
	ACCOUNT	FUND	COST CENTRE	ACTIVITY	TIME	LOCATION	\$ AMOUNT	
Date:								
						Total \$		

Prepared by:
Please note, preparer and approver cannot be the same individual

Name (please print):	
Signature:	
Title:	
Date:	Tel:

Approved By University Signing Authority:
I hereby certify that I am authorized to sign on the cost centres above and that all expenditures are valid, in compliance with the policies of the University, and sufficient funds are available to cover this expenditure.

Name (please print):	
Signature:	
Title:	
Date:	Tel: