Form 507-B

SGF Cheque Requisition

School Name: ____

Payable to: ____

Address: ____

____

Postal Code: ___________________

Total Cheque Amount: $ ___________________

Invoice Detailed Explanation	Invoice Number	Invoice Amount	HST Amount	Dept/Account
Total				

- **Please attach all original receipts/invoices to the back of this request**
- All cheque requests must have back up documentation attached
- Credit card & debit receipts are **Not Acceptable** – they do not detail purchase or taxes

Special Instructions:

____

____

(i.e. date the cheque is required by)

Requested by: _____________________________________ Date: ___________________

Approval:

______________________________	______________________________
Principal's Signature	Date

Cheque #