

## School Advisory Council Cheque Requisition

Please issue an SGF cheque per the following details

PAYABLE TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE \_\_\_\_\_

AMOUNT: \_\_\_\_\_

EXPLANATION	INVOICE NUMBER	HST AMOUNT	INVOICE AMOUNT
Total			

Please indicate type of expense & dept.#	Dept.#	Acct.#

- Please attach all receipts/invoices to the back of this request
- All cheque requests must have back up documentation attached.
- Debit card receipts are not acceptable - it does not detail purchase or taxes

### Special Instructions

(i.e. date cheque is required) \_\_\_\_\_

Authorized by: \_\_\_\_\_

*School Advisory Council Member #1*

Authorized by: \_\_\_\_\_

*School Advisory Council Member #2*

**\*\*Two signatures required**