



Cheque Requisition

() General Account

() UCW Account

Date: _____

Amount: _____

Pay To: _____

Explanation

Person Completing This Form:

(Name/Print)

(Name/Sign)

Committee/Dept: _____

If costs are being charged to more than one committee please indicate below.

(Note: Other committee approval must be sought)

Amount: _____

Committee: _____

Amount: _____

Committee: _____

~~ For Accounting Use Only ~~

GL #: _____

GL #: _____

