

Cheque Requisition

Send the completed form to Accounts Payable acctspayable@ufv.ca

Please allow up to 2 weeks to process payment.

Missing or incorrect information may delay processing.

Cheque Information

Date requested: _____ Date required: _____

Cheque payable to (legal name):

UFV student/employee ID: _____

Home address:

City: _____ Province: _____ Postal Code: _____

Mailing instructions:
(if different from above address)

Payment Information

Details of payment:

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Date(s) of service:

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Budget code	Account code	Activity code	Amount
			Total: \$ 0.00

Authorization

Name

Signature

Date

Requestor: _____

Signing authority: _____