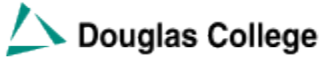


Date Required:

VENDOR NO:

Index	Fund	Org	Account	Program	Amount



CHEQUE REQUISITION

DATE:

CHEQUE AMOUNT:

PAY TO:

EMPLOYEE #:

ADDRESS:

CITY:

PROV:

PC:

(Attach supporting documentation)

PARTICULARS:

INSTRUCTIONS FOR CHEQUE HANDLING:

REQUISITIONER:

APPROVED BY:

(Signature)

Please Print Name:

DATE:

COST CENTRE: