

Date Required:

	Vendor #				
Index	Fund	Origin	Account	Program	Amount



Douglas College

CHEQUE REQUISITION

Date:

Cheque
Amount:

Pay to:

Employee #:

Address:

City:

Prov.:

PC:

Particulars: **(Attach supporting documents)**

Send To:

Phone #
re: Pick up:

Requisitioner:

Approved by
(Signature):

Please Print
Name:

Date:

Cost Centre:
