



INVOICE /RECEIPT SUBMISSION FORM

CHEQUE REQUEST

Cheque Request Purchaser Information:

Payment Form (x):

Name

Staples: _____ Church Visa: _____ HD: _____

Address

Cash: _____ Cheque: _____ Personal Payment: _____

City/Province

Cheque/Invoice #: _____

Email or Phone Number

Type of Currency: (x)

Event/Purpose

CAD _____ USD _____

Supplier	Product Description	GL Acct	Tax	Total (Incl. Tax)

Cheque Amount Needed or Received: \$ _____ Amount Remaining \$ _____

Total \$ _____

Reimbursement Needed (Y/N) _____ If yes, how much: \$ _____

Cheque Needed By: _____ (mm/dd/yy)

Submitted By: _____ **Signature:** _____ **Date:** _____