

# Services Cheque Request Form



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## Service Information

Service Name: \_\_\_\_\_ Date: \_\_\_\_\_

Submitted By: \_\_\_\_\_ Email: \_\_\_\_\_

Cheque made payable to: \_\_\_\_\_

## Receipt Information

Account #: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Department #: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Account #: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Department #: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Account #: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Department #: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

Account #: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ Department #: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_\_

Purpose: \_\_\_\_\_

**Total:** \_\_\_\_\_

## Important Information

- All expenses over 100\$ must be approved by the VP Internal before purchasing.
- Original *itemized* receipts must be attached to this form. It must show the items purchased on the receipt; the debit/credit card slip is not an itemized receipt.
- You must keep photocopies of the receipts
- Please fill in the purpose with a short meaningful description. This will appear on your account print outs and can only be 40 characters long.
- Please fill in the proper account and department number to ensure the expenses are placed in the correct account.

\_\_\_\_\_  
Service Coordinator Signature

\_\_\_\_\_  
VP Internal Signature

Date: \_\_\_\_\_