



Club Cheque Requisition Form

Date:
Club Name:

Cheque Information

Cheque Payable To:	
Phone #	
Email Address:	
Cheque Amount \$	

Delivery

<input type="checkbox"/> Pick-up	<input type="checkbox"/> Mail
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Mailing Address

Address	
City/Prov	
Postal Code	

Details	G/L Code	Amount
Totals		

Signing Authorities

Name:	Signature:
Name:	Signature
Name:	Signature:

Office Use

Clubs Coordinator Signature:	
SA Signing Authorities	Finance Manager:
	Prepared By:
	Vendor #:
	Cheque #:

The personal information collected on this form will be used to administer and manage SAMRU's programs and services, and to maintain SAMRU's records. This information will be protected by the provisions of the Personal Information and Protection Act and can be reviewed during normal business hours upon request. Information may be disclosed to third parties in order to meet specific contractual and legislative requirements required to deliver services that you have requested. We treat your personal information with care and respect, and use it to improve our services to you.