Cheque Requisition

Send the completed form to Accounts Payable acctspayable@ufv.ca.

Please allow up to two (2) weeks to process payment. Missing or incorrect information may delay processing.

Cheque Information

Date Cheque Requested: _____ Date Cheque Required: _____

Cheque Payable To (Legal Name): _____

Banner ID: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____

Mailing Instructions:
(if different from above address)

Payment Information

Details of Payment:

Date(s) of Service:

Budget Code	Account Code	Activity Code	Amount
		Total:	0.00

Authorization

	Name	Signature	Date
Requestor:			
Spending Authority:			