

**Cheque Requisition**

(

) General Account

(

) UCW Account

Date: Amount: Pay To:

**Explanation**

***Person Completing This Form:***

(Name/Print) (Name/Sign)

Committee/Dept:

**If costs are being charged to more than one committee please indicate below.**

***(Note: Other committee approval must be sought)***

Amount: Committee: Amount: Committee:

***~~ For Accounting Use Only ~~***

***GL #: GL #:***