



GRAND ERIE DISTRICT SCHOOL BOARD
BUSINESS SERVICES DEPARTMENT

PAYMENT VOUCHER / CHEQUE REQUEST FORM

VENDOR #: _____

INVOICE #: _____

INVOICE DATE: _____

DUE DATE: _____

PAYEE NAME
(cheque made payable to)
ADDRESS

TELEPHONE: _____

TOTAL: \$ _____

ACCOUNT DISTRIBUTION

Fund	Dept.	Func.	Object.	Program	Panel
X	XXXX	XX	XXX	XXX	X

Cost Cntr
XXX

DEBIT/CREDIT	
AMOUNT	

REFERENCE FOR CHEQUE STUB (THIS INFORMATION WILL APPEAR ON THE CHEQUE STUB)
(I.E. GOODS/SERVICE PURCHASED, CONTACT/REFERENCE PERSON, CLAIM PERIOD, ETC)

HST TOTAL

(Business Use Only)

DESCRIPTION OF REQUEST (FOR APPROVAL PURPOSES ONLY)
(PLEASE DETAIL ANY FURTHER PAYMENT DIRECTION HERE)

PREPARED BY (please print)

Date prepared: _____

APPROVED BY:
1.Mgr/Supervisor/Principal _____
Name & Title of Signing Authority (please print)

Please attach all invoices, receipts or other documentation, without which approval will not be granted.