Only complete sections outlined in yellow

Eastern Health

Financial Services

REQUEST FOR CHEQUE

Please ensure to include all supporting documentation; including receipts

Date: DD/MONTH/YYYY

VENDOR NUMBER: _____

To: **Accounts Payable Division:**

Prepare cheque in the amount of _____

PAYABLE TO:

EXPLANATION:

REQUESTED BY:

APPROVED BY:

ACCOUNT NUMBER:

ACCOUNT NAME:

FOR OFFICE USE ONLY

INVOICE NUMBER: _____ REFERENCE NUMBER: _____

SUBTOTAL: _____ TAX: _____

TAX CODE: _____ DESCRIPTION: _____