



Club Cheque Requisition Form

Date Submitted

Club Information

Club	
Name	Phone

Cheque Delivery

Cheque Payable To	
Cheque Amount \$	

Delivery

- Pick-up
 Mail

Mailing Address

Address	
City/Prov	
Postal Code	

Cheque Information

Details	G/L Code	Amount
TOTALS		

Signing Authorities

Name	Signature	Position
Name	Signature	Position
Name	Signature	Position

Office Use

Clubs Coordinator Signature		Date
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.