



**Cheque Request**     **Purchase Order**     **Petty Cash**

DATE		DEPT./SERVICE				
LEGAL NAME						
ADDRESS				APT.		
CITY		PROV./STATE		POST/ZIP CODE		
COUNTRY		RECIPIENT EMAIL			TEL.	

REF#		DESCRIPTION	QTY	UNIT PRICE	LINE TOTAL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

COMMENTS/ REASONS FOR PURCHASE			

*Approved form and original invoices must be sent to the Students' Society of McGill University  
3600 McTavish St., Suite 1200, Montréal, QC, H3A 0G3 | (514) 398-1760, [mpachon@ssmu.mcgill.ca](mailto:mpachon@ssmu.mcgill.ca)*

APPROVING OFFICER	NAME (PLEASE PRINT)	SIGNATURE
1. DEPT/SERVICE OFFICER		
2. EXECUTIVE		
3. SSMU VP FINANCE	Arisha Khan	
4. ADMINISTRATIVE OFFICER		

CASH RECEIPT ACKNOWLEDGEMENT (\$50 AND UNDER)			
DATE		SIGNATURE	

BUDGET STAMP	FOR OFFICE USE ONLY		
	ACCOUNTS PAYABLE		PO #
	CONTROLLER		VENDOR #