



CONFIDENTIAL CHEQUE REQUEST

Cheque will be enclosed in a blind envelope and addressed to preferred name

| | | | |
|------|--|---------------|--|
| DATE | | DEPT./SERVICE | |
|------|--|---------------|--|

| | |
|----------------|--|
| PREFERRED NAME | |
|----------------|--|

| | |
|---------------------------------|--|
| CONFIDENTIAL: CHEQUE PAYABLE TO | |
|---------------------------------|--|

| | | | |
|---------|--|------|--|
| 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, acctpay@ssmu.ca*

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

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