



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

DATE  DEPT./SERVICE

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, [acctpay@ssmu.ca](mailto:acctpay@ssmu.ca)*

APPROVING OFFICER	NAME (PLEASE PRINT)	SIGNATURE
1. DEPT/SERVICE OFFICER	<input type="text"/>	<input type="text"/>
2. EXECUTIVE	<input type="text"/>	<input type="text"/>
3. SSMU VP FINANCE	<input type="text"/>	<input type="text"/>
4. ADMINISTRATIVE OFFICER	<input type="text"/>	<input type="text"/>

**CASH RECEIPT ACKNOWLEDGEMENT (\$50 AND UNDER)**

DATE  SIGNATURE

BUDGET STAMP	FOR OFFICE USE ONLY		
<input type="text"/>	ACCOUNTS PAYABLE	<input type="text"/>	PO # <input type="text"/>
	CONTROLLER	<input type="text"/>	VENDOR # <input type="text"/>