



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

DATE DEPT./SERVICE

LEGAL NAME

PREFERRED 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*

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"/>
	COMPROLLER	<input type="text"/>	VENDOR # <input type="text"/>