



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

DATE DEPT./SERVICE

LEGAL NAME CONFIDENTIAL

PREFERRED NAME

ADDRESS APT.

CITY PROV./STATE POST/ZIP CODE

COUNTRY RECIPIENT EMAIL TEL.

| REF# | Act# | Dept# | DESCRIPTION | QTY | UNIT PRICE | LINE TOTAL |
|------|------|-------|-------------|-----|------------|------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |

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

FOR OFFICE USE ONLY

ACCOUNTS PAYABLE PO #

[SSMU Accounting Listing](#)
[SSMU Department Listing](#)

Accounting Form Instructions
Always save the form to your desktop and open it in Adobe Reader or Adobe Acrobat Pro. Please do not fill out the form directly in your browser as some of the PDF functions may not work.
Instructions for completing this form can be found by scanning the QR code. They are also available at this [link](#)

