



# ACCOUNTING FORM

Revised 2023-08-23

Students' Society of McGill University - 3600 McTavish St., Suite 1200, Montréal, QC, H3A 0G3 | (514) 398-1760

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 are available at this [link](#).

**Payment and Reimbursement**     **Purchase Order**     **Petty Cash**

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

DATE  DEPT./SERVICE

LEGAL NAME  PRONOUN

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.						

COMMENTS/  
REASONS FOR  
PURCHASE

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)			FOR OFFICE USE ONLY		
DATE	<input type="text"/>	SIGNATURE	<input type="text"/>	ACT. PAYABLE	PO#

**CHECKLIST** Submit all documentation to: [acctpay@ssmu.ca](mailto:acctpay@ssmu.ca)

Accounting Form     Original Invoice(s)     Official Void Check / Direct Deposit Form     Proof of Transaction\*

\*Bank statement with name card holder and last 4 digits of the card