



ACCOUNTING FORM

Revised 2023-10-31

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	<input type="text"/>	DEPT./SERVICE	<input type="text"/>
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LEGAL NAME	<input type="text"/>	PRONOUN	<input type="text"/>
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CONFIDENTIAL PREFERRED NAME

ADDRESS	<input type="text"/>	APT.	<input type="text"/>
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CITY	<input type="text"/>	PROV./STATE	<input type="text"/>	POST/ZIP CODE	<input type="text"/>
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COUNTRY	<input type="text"/>	RECIPIENT EMAIL	<input type="text"/>	TEL.	<input type="text"/>
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REF#	ACT#	DEPT#	DESCRIPTION	QTY	UNIT PRICE	LINE TOTAL
1.						
2.						
3.						
4.						
5.						
6.						

COMMENTS/ REASONS FOR PURCHASE	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

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	<input type="text"/>
				PO#	<input type="text"/>

CHECKLIST Submit all documentation to: 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