



ACCOUNTING FORM

Revised 2024-05-02

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		
2. EXECUTIVE		
3. SSMU VP FINANCE		
4. ADMINISTRATIVE OFFICER	Maya Marcus-Sells	

CASH RECEIPT ACKNOWLEDGEMENT (\$50 AND UNDER)

DATE	<input type="text"/>	SIGNATURE	<input type="text"/>
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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