

**Fort Garry Evangelical Mennonite Church
602 Pasadena Ave
Winnipeg, MB R3T 2S9**

CHEQUE REQUISITION FORM

Name of person requesting funds: _____
 Department / Program: _____
 Contact phone or email: _____
 Date of request: _____
 Name of payee (if different): _____
 Address of payee (if different): _____

Expenses

Description	Account # (office use <i>only</i>)	Total amount	GST <i>included</i> in amount	GST @ 50% (office use <i>only</i>)	Expense portion (office use <i>only</i>)
				\$ -	\$ -
				-	-
				-	-
				-	-
				-	-
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				-	-
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				-	-
				-	-
				-	-
				-	-

Totals \$ - \$ - \$ - \$ -

Request signature

Approval signature - **REQUIRED BEFORE PAYMENT WILL BE ISSUED**
(head of department / committee)

Please remember to attach all receipts and ensure they are readable