

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

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**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 only)	Sub-total (before taxes)	Total amount (w/ taxes & tips)	Restaurant Tips (or Other Notes)

**Totals:    \$    \$**

Request signature

Approval signature  
(head of department / committee)

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*Please remember to attach receipts*