



Financial Services Use Only

Voucher #

T4A Code _____ Approval _____ Date _____

Account/Funds Approval _____ Date _____

UNIVERSITY OF NEW BRUNSWICK

REQUISITION FOR CHEQUE

This form is NOT intended for travel, supplies or other personal reimbursements. Please use a travel expense claim form or personal reimbursement form. The purchasing system should be used for University purchases.

Date: ____________ Amount: \$ _____ Currency: CDN ☐ US ☐ Other ☐
(dd/mm/yyyy)

Payee (Last, First, Middle) or Vendor/Supplier Name:

Social Insurance Number _____ HST Number _____

HST number or Social Insurance Number and home address required when paying an individual.

Employee/Student/Vendor Number _____

Mailing Address _____ Home Address (required for T4A payments) _____

Other Mailing Instructions: _____

Please provide details and attach documentation to support the charge:

LOC		UNIT							OBJECT						FD			FU		Total Amount	
	-							-						-			-				
	-							-						-			-				
	-							-						-			-				
	-							-						-			-				

Total amount includes HST

Requested by:

Print Name _____ Signature _____

Approved by signing authority:

Print Name _____ Signature _____