



Finance, ECH
Waterloo, Ontario N2L 3G1
(519) 885-1211

Request for Payment

MUST BE ORIGINAL

No. 351384

PLEASE PRINT CLEARLY **CHOOSE ONE:**

Payee is: Employee (Faculty, Staff) Student Vendor Other (please specify) _____

Vendor/Individual Name (Surname, First Name) NAME ON CHEQUE		Student No. IF APPLICABLE	Telephone No. DAY PHONE	Invoice Date
Address (for cheque distribution) ADDRESS FOR CHEQUE			Invoice No. (if applicable) PROPOSAL IDENTIFIER	Signature of Claimant YOUR SIGNATURE
City TEAM NAME AND	Province/State PROPOSAL DESCRIPTION	Postal Code		Date Prepared DATE YOU SIGNED
Reason for the request				

Accounting Flexfield

ORGL UNIT	ACTIVITY	FUND	FUND CLASS	PROJECT	OBJECT	PRODUCT	PHASE
5 2 2 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 9 2 0 5 0 0 0 0 0 0 0 0							

Amount	Currency	Authorized Signature
### ##	CAD/USD	_____
		Print Name

		Print Name

		Print Name

Total Payment Amount		_____

For Office Use Only

Amount	Tax Name	AFF No.

Gas Rebate/Usage

	Km/Ml
	Ltr/Gl
Usage	
Terms	