

CHEQUE REQUISITION FORM

Requisition Number: _____ Department: _____

Requestor Information:

Full Name: _____

Employee ID: _____

Email Address: _____

Phone Number: _____

Payee Information:

Payee Name: _____

Address: _____

Phone Number: _____

Cheque Details:

Amount (CAD): _____ Amount in Words: _____

Purpose of Payment: _____

Supporting Documentation:

Please attach all relevant invoices, receipts, or supporting documents.

Authorization:

Requested By: _____ Date: _____

Approved By: _____ Date: _____

Declarations and Compliance:

I hereby certify that the information provided is accurate and that the cheque requisition complies with all applicable policies, procedures, and laws of Canada. I confirm that the expenditure is authorized and that the supporting documents are attached and valid. Any false statements may result in disciplinary action and legal consequences under Canadian law.

Privacy and Confidentiality:

All personal and financial information collected in this form will be handled in accordance with applicable Canadian privacy laws. This information will only be used for purposes related to cheque processing and financial management and will be protected against unauthorized access.

Limitation of Liability:

The organization shall not be liable for any damages arising from any errors, delays, or omissions in the processing of this cheque requisition, except as required by applicable Canadian laws and regulations.

Governing Law and Jurisdiction:

This cheque requisition form and any associated actions shall be governed by the laws of Canada. Any disputes arising from this form shall be resolved exclusively in the courts of the applicable Canadian jurisdiction.

Requested By

Approved By

Signature: _____

Signature: _____

Original source of this document:

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