



OCAD UNIVERSITY CHEQUE REQUISITION

HANDLING INFORMATION

Mail Cheque

Direct Deposit*

Pick-Up Cheque

*If first payment, submit with new vendor form

Name of person picking up if other than Payee:

Total Amount of Cheque: _____ Date required: _____

Payment in: Canadian U.S. Funds Other (please specify): _____

PAYEE INFORMATION

Payable to: _____
First Middle Last

Address: _____
Street Address Apartment/Unit/Suite #

City Province Postal Code

Telephone: _____ E-mail: _____

Payee Status:

OCAD U employee OCAD U current/former student Other
Employee number: Student number: Please specify:

REASON OF PAYMENT (ATTACH SUPPORTING DOCUMENTATION)

ACCOUNT INFORMATION

Account Numbers (15 digits): Project ID: Total Amount Paid: HST Amount (if any):

APPROVAL

Approved by Signing Authority
I hereby certify that I am authorized to sign on the account(s) above and that all expenditures are valid, in compliance with the policies of the University, and sufficient funds are available to cover this expenditure.

Requested By

Signing Authority (Print Name) Title Name

Signature Date Date

Please note only a completed form with proper approval will be processed.
Please return the completed form to Grace Ho, Senior Accounts Payable / Accounts Receivable Clerk.