To: Financial Services

From: _____

This is to request a Cheque

Payable to _____

Address _____

_____

Postal Code _____

MEMORIAL UNIVERSITY

Banner Finance System
DIRECT PAY

Currency - Canadian ☐

Other ☐

_____
Specify

Amount $ _____

Date _____

Cheque No. [   ]

SIN (if applicable) _____

1099   Yes ☐   1099 Code _____

Vendor No./Student I.D.	Cheque Due Date	Bank #	TAX	CURR	Delivery Point (ENC)	DESCRIPTION
	M M D D Y Y	0				

VENDOR INVOICE NO.	INVOICE DATE M M D D Y Y	BANNER DOCUMENT #	FOAPAL						AMOUNT	CM
			FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION		
		I								
		I								
		I								
		I								
		I								
		I								
		I								

Do Not Complete Shaded Areas

Details _____

_____

Prepared by _____

Phone number _____

FORM - FAAINVE

Approved by _____
(signature)

_____
name (please print)

Received by _____

BAN DP-01

I acknowledge responsibility that all expenditures are valid, in compliance with the policies of the University and that sufficient funds are available to cover this expenditure.