

## **Ecole Cedardale**

595 Burley Drive West Vancouver, BC V7T 1Z3

Phone: 604.981.1390 Fax: 604.981.1391

www.sd45.bc.ca/schools/cedardale

## **CHEQUE REQUISITION FORM**

Name Signature Date Cheque Payable to (if different from above) Email address (you will be notified via email when your cheque is available for pick up in the office)  If requesting reimbursement (or submitting receipts to clear an advance), please attach original receipts to substantiate your claim:  \$\$ \$\$ \$\$ TOTAL \$\$  Approved by 1.  2.  TREASURER'S USE:  Date Received Cheque Issued Cheque Namber Method (Indingered)												
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