



Anglican Diocese of Wellington Reimbursement / Cheque Requisition Form

Date: ____/____/____

Fund: _____ Committee / Board _____

Requests the payment of the attached invoices / Accounts Totaling: \$ ____ . ____

Provider	Invoice No	Purpose	GC Code	Amount \$
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			/ /	
			/ /	
			/ /	
			/ /	

Purpose of Payment: _____

Cheque/Payment to be made to:

Name: _____

Mailing Address: _____

Cheque Requested By: _____

Signature: _____

Date: _____

Please Note –

- Separate form required for each person who is to be reimbursed
- The appropriate GST invoices attached
- Documentation asked for above completed.

Reimbursement will not be made if appropriate documentation has not been completed.

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