

SOUTH SHORE DISTRICT / UNIT CHEQUE REQUISITION FORM

Please Print

Name: _____

Address: _____

Phone: _____ Email: _____

Details

Unit/Committee Name Requesting Cheque Requisition: _____

Unit Account Number: _____

Cheque Amount: _____

Reason for request: _____

Signature: _____ Date: _____

Please note that individual unit accounts will not operate in a deficit. Please ensure there are adequate funds to cover cheque requisitions. Please attach all receipts.

District / Area Commissioner Use Only:	GGC Office Use Only:
Approved By: _____	Date Processed: _____
Date: _____	Cheque #: _____