



CHEQUE REQUISITION FORM

Date that Cheque is Required: _____

Please indicate your preference:

Send Cheque via internal mail to M.D. _____

Hold for Pick Up _____

Cheque Req. Submitted by: _____

work phone # _____

Event: _____

Event Date: _____

Cheque to Pay For: _____

Make Cheque Payable to:

Amount of Cheque:

CHEQUE BREAKDOWN: *Sales amount :*

GST amount

Total of Cheque:

PLEASE NOTE:

- 1) Invoices to be billed to:** Club 63 North, P.O. Box 5036, Fort McMurray, AB, T9H 3G2
- 2) Request an invoice or receipt marked "PAID" from the vendor and submit to the Club 63 North office, Mail Drop:5200 within seven days. The invoice must detail goods and/or services provided. Credit card receipts WILL NOT be accepted.**
- 3) Cheque Requisitions may be sent by e-mail, to MD:5200, fax:790-6198 or dropped off at the Club 63 North office- #105 - 9911 MacDonald Avenue. If the cheque exceeds \$5,000.00, please allow at least one week for preparation of the cheque.**