

Fort Garry Evangelical Mennonite Church  
602 Pasadena Avenue  
Winnipeg, Manitoba R3T 2S9

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CHEQUE REQUISITION FORM

Name of person requesting funds: \_\_\_\_\_

Department / Program: \_\_\_\_\_

Contact phone or email: \_\_\_\_\_

Date of request: \_\_\_\_\_

Name of payee (if different): \_\_\_\_\_

Address of payee (if different): \_\_\_\_\_

\_\_\_\_\_

List of expense items (*must be accompanied by receipts*)

Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total amount: \_\_\_\_\_

Total GST *included* in amount: \_\_\_\_\_

Request signature

Approval signature  
(head of department/committee)

\_\_\_\_\_

\_\_\_\_\_

*Please remember to attach receipts*