

Please do not staple anything on top of this page.
All evidence must be stapled to the back.

575 Bay Street Suite | TRS 2-145 Toronto, ON, M5G 2C3

FOR TRSS OFFICE USE ONLY

CHEQUE NO.:	LINE ITEM:
CHEQUE AMOUNT:	CHEQUE DATE:

CHEQUE REQUISITION FORM

Date: _____ Student Group: _____

Amount requested: \$ _____ Event: _____

Payable to: _____ Email: _____

Description (of the purchase and its use)	Actual Vendors Used	Approved <i>TRSS</i> <i>Budget</i> Line Item	Amount

Total: \$ _____

Please attach receipts to the BACK OF THIS PAGE. You will be notified when your cheque is ready.

Approved By: _____ [TRSS]
 _____ [Student Group]
 _____ [Student Group]