

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:
RECEIVED BY:	DATE RECEIVED:

CHEQUE REQUISITION FORM

Date: _____ Student Group: _____

Amount Requested: \$ _____ Event: _____

Payable to: _____ Email: _____

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

Total: _____

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

APPROVED BY: _____ [TRSS]
 _____ [Student Group]
 _____ [Student Group]