REQUISITION FOR PAYMENT

Payment & Procurement Services

Currency conversion NOT required.

Q _____

Payee (as it should read on the cheque)	**Invoice Date (mm/dd/yyyy)**	**Invoice Number**	**Vendor ID Number**

Address	Payment method (x)	Currency (x)	**Employee ID Number**
	☐ Cheque ☐ Wire	CAD ☐	
	☐ Bank Draft	USD ☐	**S.I.N. or Student Number**
	☐ Direct Deposit	Other: ☐	

City	Province/State	Postal / Zip Code	Country	Amount of Cheque	GST Override Amount	GST Registration #

Self-assessment required: ☐ GST   ☐ PST   PST Override Amount   PST Registration #
Check as applicable

LINE INFORMATION AND CHARGES

Amount	GST 5%	PST 7%	TRV	Speed Chart	Account	Fund	Dept ID (Org)	Program	Project/Grant	Alternate Vendor Number
	(check if applicable)									
$ -	Total									

From (Dept)	**Handling Code (x)**	**Select**	**Details of payment or summary of attached invoices**
Psychology	Canada Post	MN	
	Campus Mail	CD	
Direct Queries To	Pick up Cheque	PN	
Virginia Frankian	Direct Deposit	CN	PO Exemption #, please select, if applicable Select Contract/Agreement Ref #:
Phone number and e-mail	Other		**Justification:**
2,2910, finance@psych.ubc.ca			
Return to / Pick-up by	**Separate cheque**		

SIGNING AUTHORITY APPROVAL

Office use only:

Authorization signature 1	Authorization signature 2 (if required)	Approved by
		Checked by
Print name and title	Print name and title	Entered by
		Date
Date (mm/dd/yyyy)	Date (mm/dd/yyyy)	Voucher Number

PRINT FORM   **Print, sign and attach all original supporting documents.**   **CLEAR FORM**