



ALGONQUIN AND LAKESHORE CATHOLIC DISTRICT SCHOOL BOARD

SCHOOL CHEQUE REQUISITION FOR SCHOOL-GENERATED FUNDS

Pay to the order of:

Address:

Amount of Cheque: _____

Debit funds from:

School Category Name:

School Category #:

Description (include invoice # and details)	HST Paid	Total Amount Payable
Total		

Date Required: _____

Special Instructions: _____

Requested by:

Signature _____

Date _____

Authorized by:

School Principal _____

Date _____

Note: Original receipts and invoices must be attached to the cheque requisition.