

**BRONTE SEVENTH-DAY ADVENTIST CHURCH  
CHEQUE REQUISITION FORM (REVISED)**

DATE \_\_\_\_\_  
Today's date

TO: BRONTE CHURCH TREASURER

FROM: \_\_\_\_\_  
Please print your name.

DATE: \_\_\_\_\_  
Date cheque is required, if applicable. (Bills are usually paid every Monday.)

TO: \_\_\_\_\_  
Name required on cheque.

\_\_\_\_\_  
Please provide mailing address including postal code only if this information is new to the treasurer.

FOR: \_\_\_\_\_  
General description of expenditure made. (Copier paper, t-shirts, drinks, toilette paper, light bulbs, batteries, printing.)

CHARGE TO:	_____ \$ _____	\$ _____	\$ _____	\$ _____
	Department name and total \$ amount of supplier's invoice	HST included	PST included	GST included
	_____ \$ _____	\$ _____	\$ _____	\$ _____
	Department name and total \$ amount of supplier's invoice	HST included	PST included	GST included
	_____ \$ _____	\$ _____	\$ _____	\$ _____
	Department name and total \$ amount of supplier's invoice	HST included	PST included	GST included
	_____ \$ _____	\$ _____	\$ _____	\$ _____
	Department name and total \$ amount of supplier's invoice	HST included	PST included	GST included
	_____ \$ _____	\$ _____	\$ _____	\$ _____
	Department name and total \$ amount of supplier's invoice	HST included	PST included	GST included
	_____ \$ _____	\$ _____	\$ _____	\$ _____
	Department name and total \$ amount of supplier's invoice	HST included	PST included	GST included

CHEQUE IN THE AMOUNT OF	\$ _____	\$ _____	\$ _____	\$ _____
	Cheque amount	Total HST included	Total PST included	Total GST included

APPROVED BY: \_\_\_\_\_  
Signature: of Department Head, Pastor or Head Elder

FOR TREASURER USE ONLY

CHEQUE # \_\_\_\_\_

RECEIPTS ATTACHED: YES \_\_\_ NO \_\_\_

RECEIPTS IN ORDER: YES \_\_\_ NO \_\_\_

COMMENTS: \_\_\_\_\_