



# CANTON OF HARROWGATE HEATH

## Cheque Requisition Form

Society Name: \_\_\_\_\_

Modern Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Canton Office: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Payable to: \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**All receipts must be attached for processing. This form must be sent to the Canton Exchequer. Please allow 3-4 weeks for processing. If this request is for an advance of funds, please contact the Canton Exchequer for an alternate form.**

Date: \_\_\_\_\_ Signature (Requestor): \_\_\_\_\_

Date: \_\_\_\_\_ Signature (Canton Exchequer): \_\_\_\_\_

*(Request received)*

### Office Use Only

Date Received: \_\_\_\_\_ Is this an authorized expenditure?  Yes  No

What part of the canton budget is this expenditure noted in? \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Cheque No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

Bank Clearing Date: \_\_\_\_\_

FINANCIAL APPROVAL:

X \_\_\_\_\_ X \_\_\_\_\_

*Signature – Canton Exchequer*

*Co-signing Officer*