Print
Clear
Save

Banner Finance System
DIRECT PAY

To: Financial Services

From: _____

This is to request a Cheque

Payable to _____

Address _____

_____

Postal Code _____

MEMORIAL UNIVERSITY

Currency - Canadian ☐

Other ☐

_____
Specify

Amount $ _____

Date _____

Cheque No. | | | | | | | | | |

SIN (if applicable) _____

1099 Yes ☐ 1099 Code

Vendor No./Student I.D.	Cheque Due Date	Bank #	TAX	CURR	Delivery Point (ENC)	DESCRIPTION
	M M D D Y Y	0				

VENDOR INVOICE NO.	INVOICE DATE M M D D Y Y	BANNER DOCUMENT #	FOAPAL FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT	CM

Do Not Complete Shaded Areas

Details _____

_____

Prepared by _____

Phone number _____

FORM - FAAINVE

Approved by _____ _____ Received by _____

(signature) name (please print)

I acknowledge responsibility that all expenditures are valid, in compliance with the policies of the University and that sufficient funds are available to cover this expenditure.

BAN DP-01