

Campbell Valley Equestrian Society

CHEQUE REQUISITION

DATE: _____

Amount: _____

(yyyy-mm-dd)

Requested by: _____

Cheque payable to: _____

Contact Info (where to send cheque to): _____

Reason for payment: _____

Receipts attached: Yes No

Signature: _____

Cheque #: _____

Special Instructions: _____

Issued by: _____

Please complete the section below – one line for each invoice being paid. The total at the bottom should equal the total amount of the cheque being requested.

Date	Vendor	Category	Description	Amount
Total:				