



CHEQUE REQUISITION

10014 - 81 Avenue
Edmonton, AB T6E 1W8
Phone: 780 - 439-2636
Fax: 780 - 433-6623
Email: abtsynod@elcic.ca

Date: _____

Issue cheque in the amount of \$ _____

Payable to: _____

Address: _____

_____ Postal Code: _____

Explanation: _____

_____ km @ _____ = _____

Prepared by: _____

OFFICE USE ONLY

Account No.: _____

Cheque No.: _____

Approved by: _____

Date Paid: _____

Comments: