Project Disbursement Checklist and Cheque Requisition

PAYEE							
ADDRESS							
VENDOR NUMBER INVOICE NUMBER		INVOICE DATE		PA NUMBER			
Client Name:			TOTAL COMMITMENT		\$		
			PREVIOUS ADVANCE		\$		
Project Title:			PREVIOUS REVERSALS		\$		
			THIS ADVANCE		\$		
Project Officer:			REVERSAL		\$		
This project is complete: Yes No			BALANCE TO ADVANCE		\$		
DESCRIPTION			ACCOUNT CODE		AMOUNT		
TOTAL HST							
			TOTAL	TAL		\$	
AUTHORIZATION:							
Terms and conditions	s of the letter of offer h	ave been fulfilled by	client. Initia	ls:			
Evidence of expenditures has been reviewed and is on file. Initials:							
I certify that everythi	ng is in order to issue t	he above noted paym	nent. Signe	ed:			
Payment approved by: Signed:							
NOTES:	Dated	d:					
Return for Letter? Yes No To whom?							
Office use only							
REVIEWED	POSTED TO ADAGIO	POSTED TO DB	PROJECT NUMBER	REVE	REVERSAL AMOUNT		

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