

# CHEQUE REQUISITION FORM

**TO : ACCOUNTS PAYABLE**

Please issue a cheque in the amount of :

**VENDOR NAME :** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Account Number : \_\_\_\_\_ Batch Number : \_\_\_\_\_

| <u>Description</u> | <u>GL Account</u> | <u>Amount</u> |
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| TOTAL              |                   |               |

Approved By : \_\_\_\_\_  
Principal

Date: \_\_\_\_\_