



Capital Health

Voucher #: LEAVE BLANK for Org Health Grants
(Accounts Payable Use Only)

Send to:

YOUR NAME AND ADDRESS (Requestor)

Example:

Sarah Pettipas

1234 My Street

Home, NS H0H 0H0

Department: **SHORT NAME + SAP (790###)**

Employee# : **of the person requesting the cheque**

Finance & Decision Support

Date Requested: (YYMMDD)

Requisition for Cheque/Funds Withdrawal

Date Required: (YYMMDD)

| In Favour of (Payee) (Complete Name and Mailing Address) | Vendor # | SAP Account # | General Ledger # | Amount |
|---|-----------------------|---------------------------------|------------------|-------------------------------|
| Name of Person Requesting the Cheque | LEAVE BLANK | Your grant SAP# (790###) | LEAVE BLANK | Total amount requested |
| Full Home Mailing Address Required | For Org Health Grants | | | |
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Details of payment, purpose and other particulars of cheque issue; supporting documentation or **receipts must be provided before payment will be issued.**

Purchase of items (re-usable bags, pedometers and books) for team's Org Health Grant (SHORT NAME)

Note: If payment represents taxable benefit or income, please note S.I.N. of payee

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| Departmental Authorization | | Special Instructions: **If Finance contact and Key Contact are the same person, they MAY NOT sign for their own expenses. Please have two signing authorities if possible. |
| Person requesting reimbursement | Finance contact given on grant proposal | |
| Prepared by SIGNATURE | Approved by SIGNATURE | |

*This form cannot be used as a substitute for a purchase order as required by the CDHA Purchasing Policy.