CHQ #_____

		FAITH UNITED MILTON		**CHQ NO._____**	
		CHEQUE REQUISITION FORM			
PAYABLE TO:_____				**Date Req'd:_____**	
DATE	**DESCRIPTION OF EXPENSE**	**AMOUNT BEFORE TAX**	**HST**	**TOTAL DUE**	**EXPENSE CATEGORY**
	TOTAL TO BE REIMBURSED				
	(SEE ORIGINAL INVOICE ATTACHED: INVOICE #_____)				
SUBMITTED BY:			**APPROVED BY:_____**		
_____					
Accounting Use:					
Cheque Date	_____		**Cheque #_____**		
Entries:				Posted By:_____	