*\*\* Note: SEMI Hockey will not issue cheques without this form filled out. Only one cheque will be issued per form.\*\**

Name: Click here to enter text.

Date: Click here to enter a date.

Please make **Cheque** payable to: Click here to enter text.

Phone number: Click here to enter text.

Address (if **Cheque** is to be mailed):

Click here to enter text.

Click here to enter text.

Click here to enter text.

Executive Approval Required: Yes / No Executive Approval Granted: Yes / No

Please fill out the following:

|  |  |  |
| --- | --- | --- |
| **Date** | **Description** | **Amount** |
| Click here to enter a date. | Click here to enter text. | Click here to enter text. |
|  |  |  |
|  |  |  |
|  | **Total:** | Click here to enter text. |
| **NOTES**:  |

Name of person requesting cheque: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person requesting cheque:

**Office Use Only:**

|  |  |  |
| --- | --- | --- |
| **Cheque #** | **Date Issued** | **Payee** |
|  |  |  |

Authorized by:

Comments: