

Cheque Requisition / Reimbursement Claim

(Note: For travel expenses, submit a [Travel Expense Claim](#) form.)

For assistance in completing this form please go to http://www.usask.ca/fsd/forms_and_reports and click on the green help icon in the forms table.
This form is a fillable PDF; we recommend completing the form on-line to take advantage of field formats, drop-down lists and totaling; then print the form and attach supporting documentation and obtain required signatures.

- Instructions:**
- 1) Attach ORIGINAL supporting documentation (invoices/receipts, etc.) to support the expenditure.
 - 2) Forward completed form to Payment Services, E80 - Administration Building.
 - 3) For payments to companies/non-employees - please allow 15 working days, from receipt of the form in Payment Services, for cheque creation.
 - 4) For reimbursements to employees - please allow 10 working days, from receipt of the form in Payment Services, for cheque creation.

UniFi Vendor Number _____ (To locate a Vendor number follow the instructions at on the green help icon in the forms table.)

PAYEE (Required) _____

**... if PAYEE is an EMPLOYEE, you
ONLY need to supply the following:**

Full street address information is required for a payee who is a company or a non-employee:

Address Line 1 _____
Address Line 2 _____
City _____ Prov/State _____
Postal/Zip Code _____ Country _____

NSID	_____
Building and Room No.	_____

Fund Type _____

NOTE: Code each different item (purchase/payment/invoice) to as many CFOAPAL(s) as required; then assign a unique Item # to the CFOAPAL(s) used for that item.

CFOAPAL - Required Coding						Optional Coding		AMOUNT	FSD Use
Item #	Cht(1)	Fund(6)	Org(4)	Acct(5)	Prg(4)	Acty(5)	Lctn(6)		

Foreign Currency Settlement _____ **TOTAL....** _____

Item #	Description / Explanation of University Business-Related Expense - reference the Item #(s) from above

Certification: I hereby certify that the above expenditures are related to professional, teaching, research or service activities of the University of Saskatchewan, are in accordance with applicable policies and guidelines, which I have reviewed, have not nor will not be paid for/reimbursed from any other source, and that any personal benefit is incidental.

Requisitioner's / Claimant's Signature _____ Date _____

Prepared By / For Information Contact (Please Print) _____ Department / College _____ Phone _____

Approval: Your signature indicates approval as to the appropriateness and reasonableness of the expenses being claimed.

Approver's Signature _____ Please Print Name _____

Title _____ Date _____