



CHEQUE REQUISITION

10014 - 81 Avenue NW
Edmonton, AB T6E 1W8
Phone: 780 - 439-2636
Fax: 780 - 433-6623
Email: info@albertasynod.ca

Date: _____

Issue cheque in the amount of \$ _____

Payable to: _____

Address: _____

_____ Postal Code: _____

Explanation:

_____ km @ _____ = _____

Please note the travel policy as indicated on the Synod website: www.albertasynod.ca

Prepared by: _____

OFFICE USE ONLY

Account No.: _____

Cheque No.: _____

Approved by: _____

Date Paid: _____