

MISSION TO SEAFARERS

Port of Thunder Bay

Cheque Requisition Form

CR 24 _____

Please staple the receipt to this form

Description	Quantity	Unit Price		Amount	
Sub-Total					
13% HST					
Total					

What is the purchase for?

Provisions: name of ship: _____

Invoice #: 24 - _____

Cheque Payable to:

Requested by: _____

Date: _____

Cheque Distribution

1. Give cheque to: _____ or

2. Mail to

Name: _____

Mailing Address: _____

City: _____

Postal Code: _____

Approval by Chaplain or Chair of the Board

Approved by: _____

Date: _____

For Treasurer's Use

QB Account: _____

Cheque # _____ Date issued: _____