

## Payment Requisition Form

**PAYABLE TO:** \_\_\_\_\_  
(Please Print)

**ERMS (Internal Staff Only)**

**PAYEE PERMANENT ADDRESS:**

Street \_\_\_\_\_

Apt. \_\_\_\_\_

City \_\_\_\_\_

Postal Code \_\_\_\_\_

**PAYMENT AMOUNT:** \_\_\_\_\_ CAD  
USD  
Other Currency: \_\_\_\_\_

**PAYMENT OPTION:** Cheque  
EFT  
Wire

Co	Accounting Unit	Account - Sub Account	Activity	Amount	HST/GST	Total
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<b>TOTAL</b>						

**UNITY HEALTH TORONTO NORMAL PAYMENT TERMS: 45 DAYS**

**REASON FOR REQUEST:** \_\_\_\_\_

**Social Insurance or HST Number (if required):** \_\_\_\_\_

**AUTHORIZATION:**

Name Print \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date (dd-mmm-yyyy) \_\_\_\_\_

Second Name Print (If Required) \_\_\_\_\_ Position \_\_\_\_\_ Signature \_\_\_\_\_ Date (dd-mmm-yyyy) \_\_\_\_\_

**CHEQUE SHOULD BE:** Mailed out Picked-up

**INTERNAL CONTACT INFORMATION:** \_\_\_\_\_  
Name (First & Last) \_\_\_\_\_ Extension \_\_\_\_\_

- Please attach/embed supporting documents (invoices, receipts, boarding passes for flight reimbursement etc.)
- Ensure requisition form is completed with proper authorization and [expense codes](#) or it will be returned to the requisitioner
- Send completed requisition to: [researchfinance@smh.ca](mailto:researchfinance@smh.ca). Link to [video tutorial](#) for submitting forms digitally
- Electronic Fund Transfer (EFT) Form can be made available [here](#) and Wire Payment Form [here](#)
- [Travel and Expense Reimbursement Policy](#) and [Research T&E Supplement](#)
- For approval limits please refer to Unity Health Toronto [Signing Authority Policy](#)
- For enquiry, please contact Research Finance at [researchfinance@smh.ca](mailto:researchfinance@smh.ca)