



Payment Requisition Form- Replenishing Petty Cash Float

PAYABLE TO: _____
(Please Print - Legal name on External Bank Account)

PAYEE PERMANENT ADDRESS:

Street _____ Apt. _____
 City _____ Postal Code _____

PAYMENT AMOUNT: _____ CAD **PAYMENT OPTION:** EFT

Co	Accounting Unit	Account	SubA/C	Activity	Amount	HST/GST	Total
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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TOTAL _____

SMH NORMAL PAYMENT TERMS: **VENDOR - 45 Days** **STAFF - 10 days**

REASON FOR REQUEST: Replenishing Petty Cash Float

STUDY TITLE: _____

REPLENISHMENT #: **Initial Float Amount (\$):** _____ **New Float Total (\$):** _____
Initial Amount + Replenishment Amount

AUTHORIZATION:

_____ Name Print _____ Position _____ Signature (wet ink signatures only) _____ Date

PAYMENT WILL BE ELECTRONICALLY TRANSFERRED - PLEASE PROVIDE THE BANKING INFORMATION ON SECOND PAGE

INTERNAL CONTACT INFORMATION: _____ Department _____ Extension

- Please be sure to provide your honorarium log of how the funds were distributed along with a bank statement to confirm funds were used. Forms will not be processed without the honorarium log and bank statement.
- Ensure requisition form is completed with proper authorization or it will be returned to the requisitioner
- Retain copy for reference
- Send completed requisition to : OFFICE OF RESEARCH ADMINISTRATION – 250 Yonge, 6th Floor, Research Finance Team

Request for Banking Information – Wire Payments

Payee Name:

Payee Address:

Bank Name:

Bank Account Number:

Bank Address:

SWIFT: (IBAN for Euro Customers)