



Payment Requisition Form

(Please Print) PAYEE PERMANENT ADDRESS:	(ID required for paymed) Apt.	ent issued to Staff)
	Apt.	
Street		
City CAD	Postal Code	
PAYMENT AMOUNT: Other:	PAYMENT	Cheque ☐ OPTION: EFT ☐
Co Accounting Unit Account Project Number	Amount	Total Total
SMH NORMAL PAYMENT TERMS: VENDOR - 45 Days STAFF - 10 days REASON FOR REQUEST:	TOTA <u>L</u>	
ADDITTIONAL INFORMATION:		
AUTHORIZATION: Social Insurance Number		
Name Print Position Signature		Date
CHEQUE SHOULD BE: Mailed out ☐ Picked-up ☐		
NTERNAL CONTACT INFORMATION:		Extension

- Please attach ORIGINAL supporting documents (invoices, receipts, boarding passes for flight reimbursement etc.)
- · Ensure requisition form is completed with proper authorization and account codes or it will be returned to the requisitioner
- Send completed requisition to: AP Dept. -SMH/PHC: accountspayable@unityhealth.to, SHJC: acctspayable@stjoestoronto.ca
- If related to Research or Trust, send completed requisition to: researchfinance@smh.ca
- Electronic Fund Transfer (EFT) can be made available. For enquiry, please contact Accounts Payable Department