



Payment Requisition Form

PAYABLE TO:		EMPLOYEE I.D.	
PAYEE PERMANENT ADDRESS:	(ID required for payment issued	(ID required for payment issued to Staff)	
Street		Apt.	
City	CAD □	Postal Code	
PAYMENT AMOUNT:	USD Other:	Cheque ☐ PAYMENT OPTION: EFT ☐	
			Wire
Co Accounting Unit Account	Project Number	Amount HST/GST/PST	Total
		TOTAL	
SMH NORMAL PAYMENT TERMS: VE	:NDOR - 45 Days STAFF - 10 da	vs	
	•		
REASON FOR REQUEST:			
ADDITTIONAL INFORMATION:			
HONODADIUM / CTIDEND / CEDVICE DAVMEN	NT. — —		
HONORARIUM / STIPEND / SERVICE PAYMENT: Social Insurance Number			
AOTHORIZATION.			
Name Print	Position Signature	Date	
CHEQUE SHOULD BE: Mailed of	out		
INTERNAL CONTACT INFORMATION:			
	Department		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