

809 Newark  
 Royal Canadian Air Cadet Squadron  
SQUADRON CHEQUE REQUISITION



Date: \_\_\_\_\_

Cheque Payable to: Staff or SSC (circle one) Name: \_\_\_\_\_

Receipts: **all receipts per requisition in the same category (circle one)**

CATEGORY: TRAINING                      SUPPLY                      ADMINISTRATION                      SQUADRON

	RECEIPT	TOTAL	HST
1			
2			
3			
4			
5			
<b>GRAND TOTAL</b>			

**\*\*attach original receipts to requisition - in the event that the receipt is required by Area for re-imbursement, photocopy receipts and attach photocopy\*\***

Requisition submitted by: \_\_\_\_\_

Authorization by Commanding Officer: \_\_\_\_\_  
 Lieutenant D. Couroux

In the event that the claim is submitted by the CO, the DCO must sign instead.

Authorization by Deputy Commanding Officer: \_\_\_\_\_  
 Lieutenant M. Russell

SSC Authorization by Chair and Treasurer:

\_\_\_\_\_  
 Chair – Mr. Cory Abt                      Treasurer – Mrs. Christine Lett

Date Paid: \_\_\_\_\_                      Cheque #: \_\_\_\_\_