



Payment Requisition Form

PAYABLE TO: _____ **EMPLOYEE ID:** _____
(Please Print) (ID required for payment issued to Staff)

PAYEE PERMANENT ADDRESS:

Street _____ Apt. _____
 City _____ Postal Code _____

CAD
 USD
 Other: _____

PAYMENT AMOUNT: _____ **PAYMENT OPTION:** Cheque
 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: _____

HONORARIUM / STIPEND / SERVICE PAYMENTS: _____

 Social Insurance Number

AUTHORIZATION:

 Name Print Position Signature Date

CHEQUE SHOULD BE: Mailed out Picked-up

INTERNAL CONTACT INFORMATION: _____
 Department Extension

- Please attach 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 electronic requisition to: **Office of Research Administration** - researchfinance@smh.ca
- Electronic Fund Transfer (EFT) can be made available. For enquiry, please contact Research Finance at researchfinance@smh.ca