

Canterbury High School Music Parent Support Group  
Requisition for Payment or Reimbursement

Original receipts required – please attach.

Date request submitted to treasurer:

Date request received by treasurer:

Name and address of payee:

Description of expense(s) including date	Amount
	Total amount: \$

I confirm that the requisition is for payment of goods or services received and used in carrying out the above activity(ies) and was fully approved by the CHS MPSG.

Chair name:

Chair signature:

Processed by:

Cheque:

E-transfer:

Cheque number:

Email address:

Date:

Comments: