

UCHUCKLESAHT TRIBE

**Financial Administration Act
Department of Finance
Form DF-1**



Cheque Number:

Date:

*(for Department of Finance
use only)*

A. PAYMENT INFORMATION *(to be completed by the individual requesting the payment)*

Requested by:		Date:			
Name of Payee:					
Address of Payee:					
Invoice Amount:		Sales Tax:		Total:	
Invoice Number:		Invoice Date:		GL Coding:	
Purpose of Expenditure:					

(Note: the original invoice or other supporting documentation must be attached to the requisition)

B. AUTHORIZING SIGNATURES: *(to be completed by the individuals authorizing the requisition)*

Signature #1		Signature #2 (if required)	
Signature:		Signature:	
Name:		Name:	
Title:		Title:	
Date:		Date:	