

PAYMENT REQUISITION FORM

Refer to **Standard Operating Procedure – Payment Requisition** located at <https://www.yorku.ca/finance/finance-related-policies-procedures-and-sops/>

Instructions:

1. Initiator/department to complete all non-shaded areas as applicable.
2. Original invoice and appropriate supporting documentation must be attached.
3. When completed forward to Accounts Payable, Finance Department, 4747 Keele.

Notes:

- Unincorporated consultants must have an Employee/Independent Contractor Questionnaire on file with Finance before request will be processed.
- The University normally does not allow advance payment or pre-payment.
- Remuneration may only be processed through payroll. Award, scholarship, grant or similar payments to York students are processed through SFS.
- Completion of the procurement checklist box is mandatory. Incomplete forms will be returned to the preparer for correction.

PAY TO	Vendor Name / Individual Surname		Individual First Name	
VENDOR ADDRESS	Address – Number, Street, and Apt. No. or P.O. Box #, R.R.			
	Address – Continuation if required			
	City	Province / State	Postal code / ZIP	Country
REASON FOR PAYMENT	Describe the good or service being purchased; attach supporting documentation.			
SHADED AREAS ARE FOR FINANCE DEPARTMENT ONLY	Vendor Number		Voucher Number	

Checked by:	CHARTFIELD(S) TO BE CHARGED			OPTIONAL			CURRENCY
	ACCOUNT	FUND	COST CENTRE	ACTIVITY	TIME	LOCATION	Cdn Funds <input type="checkbox"/> U.S. Funds <input type="checkbox"/>
Date:							\$ AMOUNT
						Total	

This purchase is NOT on a Purchase Order for the reason noted below. Please check the box, and if applicable, provide the reference number that applies to this payment request.

<input type="checkbox"/> Standing Agreement/Contract Reference Number _____ <input type="checkbox"/> Total payments to above vendor in fiscal year will be < \$25,000 * <input type="checkbox"/> Payment for goods or services for resale <input type="checkbox"/> Payment to a regulatory agency <input type="checkbox"/> Refund (for a course, parking, etc.) <i>Definitions for each item are located in the Standard Operating Procedure.</i>	<input type="checkbox"/> Off campus event venue <input type="checkbox"/> Catering <input type="checkbox"/> Other _____ <p style="color: red; font-size: small;">* The individual approving the payment request is responsible for ensuring that cumulative purchases from the same vendor do not exceed \$25,000 (excluding taxes) in a fiscal year.</p>
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Prepared by:

Please note that preparer and approver cannot be the same individual.

Name (please print):	
Signature:	
Title & Unit:	
Date:	Tel:

Approved by University Signing Authority:

I hereby **certify** that I am authorized to sign on the cost centres above and that all expenditures are valid, in compliance with the policies of the University, and sufficient funds are available to cover this expenditure.

Name (please print):	
Signature:	
Title & Unit:	
Date:	Tel: