



**SCFA**  
FPSE LOCAL 10

**CHEQUE REQUISITION**  
**SELKIRK COLLEGE FACULTY ASSOCIATION**  
301 Frank Beinder Way, Castlegar BC, V1N 4L3

**CHEQUE #**

**PAYEE** \_\_\_\_\_  
**ADDRESS** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PURPOSE OF PAYMENT**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUISITION TOTAL \$** \_\_\_\_\_

**APPROVAL:**

\_\_\_\_\_  
**ORIGINATOR**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**TREASURER**

\_\_\_\_\_  
**DATE**