EMILY CARR UNIVERSITY of Art + Design

PAYMENT VOUCHER

Date _____

PAYEE _____

Payee, Staff or Student Number _____

Mailing Address _____

City _____ Province _____

Postal Code _____ Phone _____

Email _____

*SIN _____

*SIN required for payments such as and not limited to: fees for services, honorariums, guest lecturers, transcribers, scholarships, bursaries.

Cheques are paid by direct deposit. Please ensure EFT is completed, some exceptions may apply.
Ensure full current mailing address, email and phone number is written on the voucher.

AP Type

01	02	30	60	NR	NRU
CDN	P/R	STU	US	Non-Res T4A-Cdn	Non-Res T4A-US

V# _____

Invoice Number _____

Invoice Date _____

Vendor ID _____

PD Reference No (Prof Dev) **PD** _____

Project Code (If applicable) _____

T4A OI _____ T4A FS _____

T4A D00 _____ T4A SB _____

Associated Employee(s) _____

GL ACCOUNT CODE	CLEAR, BRIEF DESCRIPTION *MAXIMUM 24 CHARACTERS*	AMOUNT	FINANCIAL SERVICES ONLY		
			GST	PST	SUB TOTAL
	TOTAL	0.00			

Requested by _____

Department Approval _____

VP Finance Approval _____

Financial Services Approval _____