

REQUEST TO INVOICE

This is a requisition only. This is NOT AN INVOICE. Please send the completed form with supporting documentation to accountsreceivable@selkirk.ca

Company Name: _____

Company Address: _____

Date of Request: _____

Attention: _____

Email: _____

Description - attach all supporting documents	Amount
☐ GST ☐ GST Exempt	
Total	

Work Order: - - Account:

\$ - AMOUNT

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\$ - AMOUNT

Work Order: - - Account:

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Work Order: - - Account:

\$ - AMOUNT

PRINT NAME (ORIGINATOR)

ORIGINATOR SIGNATURE

PRINT NAME (MANAGER)

APPROVING MANAGER SIGNATURE