



**ENGINEERING &
COMPUTER SCIENCE
ASSOCIATION
CONCORDIA UNIVERSITY**

Request for Direct Payment

Society _____

Company _____

Phone _____

Email _____

Requested By _____

Company Address

Invoice # _____ Invoice Date _____

Company Contact _____

Item #	Budget Line	Item Description	Qty	Unit Cost	Total Cost	ECA Account
			Total			

OFFICE USE ONLY

Signature of Society President

Signature of Society VP Finance

Signature of Purchaser

Signature of ECA President

Signature of ECA VP Finance

OFFICE USE ONLY	Received by: _____	Date Received: _____	Processed by: _____	Date Processed: _____
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