Request for Direct Payment

Society Name

Signature of Society President

Signature of Society VP Finance

Signature of ECA President

Signature of ECA VP Finance

Invoice Date	Invoice #	Description	Amount	Amount CAD	Budget Line	Line #	COA
			Total	$ -			

OFFICE USE ONLY

Company

Address

Phone

Email

Payment Method

Received By

Date Received

Processed By

Date Processed

Check/Tx #

OFFICE USE ONLY