Cheque Redirection Form

			ТТ	- 1	-	T -		
S	SUPPLIER NUMBER							
В	O BE COMPLETED BY	THE PERSON INIT	TATING	THE	INST	RUC'	TION	
F	PAYEE		-	AN	10UN	T	£	
A	CTION REQUIRED							
	RETURN TO:							
	NAME	-					-	
	DEPARTMEN	Т						
	TELEPHONE	No			_			
СТ	O DE COMPLETED ON	DECEMBE OF STATE	<u> </u>					
	O BE COMPLETED ON XCHEQUER SERVICES					DED	BACK	ГО
		STEWNICE & CENT	KAL SE	KVIC.	ES.			
S	GNED				DAT	E _		
Financ	e & Central Services							
		nt Cheque Ins	struct	ion l	For	m		
TC	BE COMPLETED BY	THE ACCOUNTS PA	YABLE	SECT	ION			
SU	PPLIER NUMBER					1		
TC	DE COMBLETED DV	FILE DEDCON INITI	TING	TITE IS	ICTD	LICT		
	BE COMPLETED BY	THE PERSON INTE	ATING I					
	YEE IEQUE NUMBER (if kno	nwn)			UNT	£		
				-				
AC	TION REQUIRED							
	DESPATCH 1st	/ 2nd CLASS (on day	of produ	uction))			
	TO BE COLLECTED BY PAYEE OR AGENT (give name)							
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<u> </u>	Date	Time						
		-						
	Date RETURN TO:	NAME						
		NAME DEPARTMENT	4700-470-47					
		NAME						
TO		NAME DEPARTMENT TELEPHONE No	HEQUE	AND	HANI	DED	ВАСК Т	TO .
	RETURN TO:	NAME DEPARTMENT TELEPHONE No	_			DED :	васк т	0