FORM NO.

CC

Newfoundland Labrador

DATE RECEIVED
PAYROLL

CANCELLED CHEQUE FORM

DISTRICT NO. ____ DISTRICT NAME _____

CHEQUE NO.	SOCIAL INSURANCE NUMBER	SURNAME	GIVEN NAME	CHEQUE DATE		
				YY	MM	DD

ATTACH CANCELLED CHEQUE STUBS.

DATE _____ DISTRICT AUTHORIZING SIGNATURE _____

YY / MM / DD

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