

Government  
of Saskatchewan

Ministry Name \_\_\_\_\_

Supplier Name \_\_\_\_\_

Supplier Number \_\_\_\_\_

Original Batch Number \_\_\_\_\_

Description (if RTV indicate deposit number)

Debit Memo Batch Number \_\_\_\_\_

Supplier Site Number \_\_\_\_\_

Original Invoice Number \_\_\_\_\_

Paygroup (if no cheque is required, use Handling 70)

Debit Memo Number \_\_\_\_\_

Amount	DR/CR	Entity (3)	Program (5)	Organization (6)	Natural Account (6)	Location (4)	Project (6)	Future

Please attach supporting documentation as required.

Requested By \_\_\_\_\_

Date (dd/mth/yy) \_\_\_\_\_

Approval (if required) \_\_\_\_\_