PAYMENT REQUISITION

Date Apr 22/2021

Payable To Sydney Boyle.

Mailing Address [redacted]

Telephone [redacted] **Date Required**

Requested By Ryan C. **Department** Agrics.

GL Account Number	Cost Centre	Details	Amount
01-2-640-319.		WSI online record	65.00

For Finance Department Use:		
Vendor No. _____	Sub Total	65.00 ~~$0.00~~
	GST	
	PST	
	Total	65.00 $ 0.00

Payment to be: Emailed ☐ Mailed ☐ Picked Up ☐ Return to Requestor ☐ ☑ P.A.P.

Attachments/Cover Letter Required ☐ Y ☐ N

I certify that these goods and/or services are required for the operations of the of the Regional District and I approve this payment.

Signature _____ **Date** Apr 22/2021