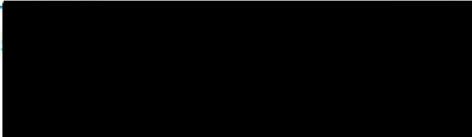


PAYMENT REQUISITION

Date 2026/09/16

Payable To Tara Boyd

Mailing Address 

Telephone 

Date Required _____

Requested By Sarah Madelung

Department Aquatics

Account Number	Cost Centre	Details	Amount
01-2-640-340		Reimbursement:	
		CSEP Meeting	\$ 325.00
		Transaction Fees	\$ 6.17

For Finance Department Use:

Vendor No.

Vendor HST/GST No.

Sub Total	\$ 331.17
GST	\$ 16.25
PST	\$ 0.00
Total	\$ 347.42

Employee _____

Payment to be: Mailed ☐ Picked Up ☐ Return to Requestor ☐

Attachments / Covering Letter Required Yes ☐ No ☒

EFT Payment ☒ Employee

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

Signature



Date

Sept 18/26