



PAYMENT REQUISITION

Date 2026-July-13

Payable To Angela Bruining

Mailing Address [REDACTED]

Telephone [REDACTED]

Date Required _____

Requested By Jennifer Potts

Department Fitness

Account Number	Cost Centre	Details	Amount
01-2-640-340		Reimbursement: BCRPA Renewal	\$ 125.00

For Finance Department Use:

Vendor No.

Vendor HST/GST No.

Sub Total	\$ 125.00
GST	\$ 0.00
PST	\$ 0.00
Total	\$ 125.00

Employee _____

Payment to be: Mailed ☐ Picked Up ☐ Return to Requestor ☐ Attachments / Covering Letter Required Yes ☐ No ☒

EFT Payment ☐

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

Signature

Date

July 14 / 26

PAYMENT REQUISITION

Date 2026/09/16
 Payable To Angela Bruining
 Mailing Address [REDACTED]
 Telephone [REDACTED] Date Required _____
 Requested By Sarah Madelung Department Aquatics

Account Number	Cost Centre	Details	Amount
01-2-640-340		Reimbursement:	
		CSEP Meeting	\$ 235.00
		Transaction Fees	\$ 4.46

For Finance Department Use:

Vendor No.

Vendor HST/GST No.

Employee _____

Sub Total	\$ 239.46
GST	\$ 11.75
PST	\$ 0.00
Total	\$ 251.21

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