Strathcona
REGIONAL DISTRICT

2782

PAYMENT REQUISITION

Date 2026-July-13

Payable To Angela Bruining

Mailing Addres [redacted]

Telephone

Date Required

Requested By Jennifer Potts

Department Fitness

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

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

For Finance Department Use:

Vendor No.

Vendor HST/GST No.

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 [signature] Date July 14 / 26