



## PAYMENT REQUISITION

Date 2026-April-22  
 Payable To Jodie Forster  
 Mailing Address [REDACTED]  
 Telephone [REDACTED] Date Required \_\_\_\_\_  
 Requested By Jennifer Potts Department Fitness

Account Number	Cost Centre	Details	Amount
01-4-640-340		Reimbursement:	
		BCRPA Training Renewal	\$ 190.00

<b>For Finance Department Use:</b>	<b>Sub Total</b>	<b>\$ 190.00</b>
<b>Vendor No.</b>	<b>GST</b>	<b>\$ 0.00</b>
<b>Vendor HST/GST No.</b>	<b>PST</b>	<b>\$ 0.00</b>
	<b>Total</b>	<b>\$ 190.00</b>

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

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

Signature  Date April 23/26