

PAYMENT REQUISITION

Date 2026/09/16

Payable To Kiersten McLeod

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.

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

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