Strathcona REGIONAL DISTRICT

2817

PAYMENT REQUISITION

Date 2026/08/12

Payable To Amanda Phillips

Mailing Addre [redacted]

Telephone

Date Required

Requested By Sarah Madelung

Department Aquatics

Account Number	Cost Centre	Details	Amount
01-2-640-319		Reimbursment: 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 August 17/26