



2862

PAYMENT REQUISITION

Date 2026/09/14Payable To Meghan SibleyMailing Address [REDACTED]Telephone [REDACTED]

Date Required _____

Requested By Sarah Madelung Department Aquatics

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 ☐ Employee ☒

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 Sept 18/26