

PAYMENT REQUISITION

Date August 7, 2026

Payable To Josiah Teufel

Mailing Address Employee

Telephone _____

Date Required _____

Requested By Sarah Madelung

Department SG- Aquatics

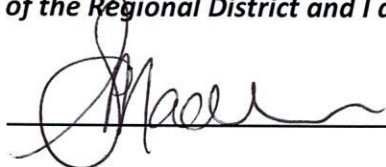
GL Account Number	Cost Centre	Details	Amount
01-2-640-319		Training Reimbursement- BCIT	\$ 1,240.32
For Finance Department Use: Vendor No. _____			Sub Total \$ 1,240.32
			GST
			PST
			Total \$ 1,240.32

Payment to be: Emailed ☒ Mailed ☐ Picked Up ☐ Return to Requestor ☐

Attachments/Cover Letter Required ☐ Y ☒ N

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

Signature



Date Aug 7 / 2026