Strathcona REGIONAL DISTRICT

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