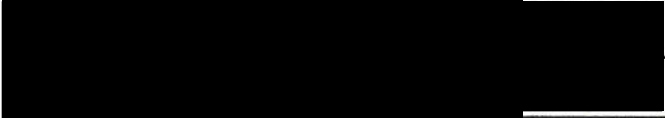


PAYMENT REQUISITION

Date Feb 19/2021

Payable To Cole Reid.

Mailing Address 

Telephone  Date Required _____

Requested By Ryan C. Department Agencies

GL Account Number	Cost Centre	Details	Amount
<u>01-2-640-319.</u>		<u>NL Recert</u>	<u>126.00</u>

For Finance Department Use: Vendor No. _____	Sub Total	<u>126.00</u> \$0.00
	GST	
	PST	
	Total	<u>126.00</u> \$0.00

Payment to be: Emailed Mailed Picked Up Return to Requestor P.A.P.

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 Feb 19/2021