

PAYMENT REQUISITION

Date March 31, 2020

Payable To Sydney Roberts

Mailing Address

Telephone

Date Required

Requested By

Department

[illegible]

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

Attachments / Covering Letter Required Yes ☐ No ☐

☒ Direct deposit

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

Signature

Date _____

PAYMENT REQUISITION

Date Jan. 9. 2020

Payable To Sydney Roberts

Mailing Address

Telephone

Date Required ASAP

Requested By Debra Wilson

Department Rehab/Fitness

Account Number	Cost Centre	Details	Amount
01-2-640-340		Registration Renewal (BCAK) (British Columbia Association of Kinesiologists)	175.00
For Finance Department Use:			Sub Total
Vendor No. _____			175.00
Vendor HST/GST No. _____			GST
			8.75
			PST
			183.75 (circled)
			Total
			183.75

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

Attachments / Covering Letter Required Yes ☐ No ☐

☒ Direct Deposit

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

Signature

Date

Jan. 9. 2020

(YES)