Strathcona REGIONAL DISTRICT

№ C 3122

PAYMENT REQUISITION

Date April 12, 2017

Payable To Dayna Stevenson

Mailing Address [redacted]
Campbell River BC V9W 3H9

Telephone [redacted] Date Required When Possible

Requested By Debra Wilson Department Fitness

Account Number	Cost Centre	Details	Amount
01-2-640-340		BCRPA certification for (2) yrs.	$140.00
		Expiry April 30, 2019	

For Finance Department Use:	Sub Total	
Vendor No. STEDAY1	GST	
Vendor HST/GST No.	PST	
	Total	$140.00

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 [signature] DRW

Date April 12 2017