Strathcona REGIONAL DISTRICT

№ C 3119

PAYMENT REQUISITION

Date Mat Bawks-Smith March 17/14

Payable To

Mailing Address Box 11
Campbell River BC V9W 1N0

Telephone [redacted] Date Required March 24

Requested By Dustin Ray-Wilkes Department SG

Account Number	Cost Centre	Details	Amount
01-2-640-391		Standard First Aid	$170.00

For Finance Department Use:

Vendor No. BAWMAY1

Vendor HST/GST No.

Sub Total	
GST	
PST	
Total	170.00 ✓

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 DRW Date March 17/17