



PAYMENT REQUISITION

Date Jan 3, 2017

Payable To Patti Wells

Mailing Address _____

Telephone _____

Date Required _____

Requested By Patti

Department _____

Account Number	Cost Centre	Details	Amount
03-2-331-266		Greyhound to Maxxam Labs	20.45
03-2-331-319	E980	} Essentials of Business textbook	52.47
02-2-319-319	E980		52.48

For Finance Department Use: Vendor No. <u>WELPAT2</u> Vendor HST/GST No. _____	Sub Total	
	GST	6.27
	PST	
	Total	131.67

POSTED

Payment to be: Mailed Picked Up Return to Requestor Attachments / Covering Letter Required Yes No

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

Signature [Signature]

Date Jan 3, 2017

