Strathcona REGIONAL DISTRICT

№ C 3117

PAYMENT REQUISITION

Date March 6, 2017

Payable To Tai Grewal

Mailing Address [redacted] Campbell River BC V9W 8A2

Telephone [redacted] Date Required ASAP

Requested By Lori Olsson Department Aquatics.

Account Number	Cost Centre	Details	Amount
01-2-640-319		WSI Recert	95.00

For Finance Department Use:		
Vendor No.	Sub Total	95.00
Vendor HST/GST No.	GST	4.75
	PST	
	Total	99.75

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 DPW Date March 7/17