

PAYMENT REQUISITION

Date Jan. 25' 2017

Payable To Sydney Roberts

Mailing Address [Redacted] Campbell River BC [Redacted]

Telephone [Redacted]

Date Required When possible

Requested By Debra Wilson

Department Fitness/Rehab.

Account Number	Cost Centre	Details	Amount
(Training) 01-2-640-319		Body Blueprint - Supervisors Course	156.45
			149.00
For Finance Department Use:			Sub Total
Vendor No. _____	Purchase details		156.45
Vendor HST/GST No. _____	Budget number 4357 to 2014/15		GST } \$ 7.45
	We'll send confirmation to system@strathcona.com		PST }
			Total
			156.45

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

Direct Deposit → banking info on file

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

Signature [Signature]

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