

PAYMENT REQUISITION

Date August 1, 2018
 Payable To Ralda Hansen
 Mailing Address SRD

Telephone 250-830-6709 Date Required ASAP
 Requested By Barbara Reynolds Department Community Services
for Ralda Hansen

Account Number	Cost Centre	Details	Amount
01-2-502-319	E946	Reimbursement for travel expense to attend the "Remedy This" bylaw enforcement training course. Monday, July 23, 2018.	\$315.26

For Finance Department Use: Vendor No. _____ Vendor HST/GST No. _____	Sub Total	\$315.26
	GST	
	PST	
	Total	\$315.26

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 Aug 1, 2018

