



## PAYMENT REQUISITION

Date 2025-09-22

Payable To Alexis Lanquist

Mailing Address [REDACTED]

Telephone [REDACTED] Date Required \_\_\_\_\_

Requested By Sarah Madelung Department Aquatics

| Account Number | Cost Centre | Details                            | Amount    |
|----------------|-------------|------------------------------------|-----------|
| 01-2-640-319   |             | Reimbursement:                     |           |
|                |             | National Lifeguard Recertification | \$ 120.00 |
|                |             |                                    |           |
|                |             |                                    |           |
|                |             |                                    |           |
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|                |             |                                    |           |

|                                    |                  |                  |
|------------------------------------|------------------|------------------|
| <b>For Finance Department Use:</b> | <b>Sub Total</b> | <b>\$ 120.00</b> |
| Vendor No.                         | GST              | \$ 6.00          |
| Vendor HST/GST No.                 | PST              | \$ 0.00          |
|                                    | <b>Total</b>     | <b>\$ 126.00</b> |

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

Emailed

*I certify that these goods and/or services are required for the operations of the Regional District and*

Signature

Date Sept 22 / 25