



# PAYMENT REQUISITION

Date APR 19, 2021

Payable To SARAH LEWIS (EMPLOYEE)

Mailing Address 

Telephone  Date Required \_\_\_\_\_


Requested By LAURIE GAGE Department \_\_\_\_\_

GL Account Number	Cost Centre	Details	Amount
<u>01-2-642-225</u>		<u>MEDICAL CERTIFICATE</u>	<u>40.00</u>
For Finance Department Use:			Sub Total \$ 0.00
Vendor No. _____			GST
			PST
			Total <u>40.00</u> <del>\$ 0.00</del>

Payment to be: Emailed  Mailed  Picked Up  Return to Requestor  eTransfer

Attachments/Cover Letter Required  Y  N

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

Signature 

Date APR 19, 2021

yes

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**[Lifesaving Society] Receipt for Order ORD004672**

1 message

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**Lifesaving Society** <noreply@notify.thinkific.com>  
Reply-To: carlap@lifesaving.bc.ca  
To: [REDACTED]

Thu, Jan 7, 2021 at 11:07 AM

Lifesaving Society

**Your Receipt for ORD004672**

**Order Status:** Complete

**Order Number:** ORD004672

**Order Date:** 2021-01-07

**Payment Method:** Credit Card

**Total Amount:** \$16.00

*Sarah Lewis*

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**Order Summary:**

#	Product	Amount
1	Mandatory COVID-19 Instructor Update	\$16.00
<b>Total Amount</b>		<b>\$16.00 CAD</b>

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Questions? Email us at [carlap@lifesaving.bc.ca](mailto:carlap@lifesaving.bc.ca)