



0458

PAYMENT REQUISITION

Date April 28/2021

Payable To Code Percevaunt.

Mailing Address [REDACTED]

Telephone [REDACTED] Date Required _____

Requested By Ryan C. Department Agencies.

GL Account Number	Cost Centre	Details	Amount
<u>01-2-640-319</u>		<u>WSI online report</u>	<u>65.00</u>
For Finance Department Use:			Sub Total <u>65.00</u> \$0.00
Vendor No. <u>PERCOL1</u>			GST
			PST
			Total <u>65.00</u> \$0.00

Payment to be: Emailed Mailed Picked Up Return to Requestor P.A.P.

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 April 28/2021

YES