



**PAYMENT REQUISITION**

Date 2025-09-18

Payable To Amanda Phillips

Mailing Address [REDACTED]

Telephone [REDACTED]

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

Requested By Sarah Madelung

Department Aquatics

Account Number	Cost Centre	Details	Amount
01-2-640-319		Reimbursement:	
		Swim Instructor/Lifesaving Instructor	
		trainer recertification	\$ 275.00

**For Finance Department Use:**

Vendor No.

Vendor HST/GST No.

<b>Sub Total</b>	\$ 275.00
GST	\$ 0.00
PST	\$ 0.00
<b>Total</b>	<b>\$ 275.00</b>

Payment to be: Mailed  Picked Up  Return to Requestor   
Emailed

Attachments / Covering Letter Required Yes  No

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

Signature 

Date Sept 18, 2025 Yes