Strathcona
REGIONAL DISTRICT

№ C 3895

PAYMENT REQUISITION

Date Feb 3/2020

Payable To Dayna Stevenson

Mailing Address [redacted]

Telephone [redacted] Date Required

Requested By Ryan Christison Department Aquatics.

Account Number	Cost Centre	Details	Amount
01-2-640-319		NL Recert for Dayna Stevenson	118.45

For Finance Department Use:		
Vendor No.	Sub Total	118.45
Vendor HST/GST No.	GST	5.92.
	PST	
	Total	124.37

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

✓ Pre-Authorized Payment on record Please.

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 Feb 3/2020.