



PAYMENT REQUISITION

Date April 2, 2026

Payable To Graham Devries

Mailing Address [REDACTED]

Telephone 250-202-1546

Date Required April 2026

Requested By Robin Kentrop

Department SG Ops

GL Account Number	Cost Centre	Details	Amount
01-2-640-319		Reimbursement for Pool Operator 1	\$ 490.00
		Course and Certification	
		This will help Graham, better	
		understand the affects of custodial	
		chemical effects on pool chemicals	
For Finance Department Use:			
			Sub Total \$ 490.00
			GST \$ 24.50
Vendor No. _____			PST
			Total \$ 514.50

Payment to be: Emailed Mailed Picked Up Return to Requestor

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 2, 2026