



Bag 8000, 187 East Victoria St, Vanderhoof, BC, V0J 3A0 Telephone: 250-567-4413

EBUS ACADEMY INVIGILATORS INVOICE

Payee (payable to): _____
Mailing Address: _____ (including city and postal code)
Phone Number: _____ Email Address: _____

Please email completed invoice to EBUSReceipts@sd91.bc.ca

Student Invigilated	Teacher Name	Course Name & Unit	Date of Exam (dd/mm/yy)	Number of Exam Hours	Exam Amount Due

RATES: 0-2 HOURS: \$30.00 PER EXAM 2 PLUS HOURS: \$50.00 PER EXAM

INVOICES MUST BE SUBMITTED NO LATER THAN END OF MONTH IN WHICH EXAMS WRITTEN

INVIGILATORS SIGNATURE: _____ DATE: _____

OFFICE USE ONLY:	
GL ACCOUNT: 1-102-31600-274	AMOUNT DUE: \$ _____
FUNDING CHECKED BY: _____	PAYMENT DATE: _____
APPROVAL: _____	