



Bag 8000, 187 East Victoria St, Vanderhoof, BC, V0J 3A0 Phone: 250-567-4413
www.ebus.ca

EBUS ACADEMY STUDENT LESSONS FORM

Email completed form to: ebusinvoices@sd91.bc.ca

Payee (payable to): _____
Mailing address: _____ <i>(including city and postal code)</i>
Contact Person: _____ Phone Number: _____
Email Address: _____

Student Name:	Grade:	Course / Program:
Parent / Guardian Name:	Online Teacher:	

Description of Services	From (dd/mm/yy)	To (dd/mm/yy)	Cost

	GST (if applicable)	
	Invoice Total:	\$

Parent / Guardian Signature: _____ Date: _____

Vendor Signature: _____ Date: _____

Office Use Only:		
GL Accounts:	<input type="checkbox"/> # 1-102-51014-274	<input type="checkbox"/> # 1-110-51014-274
	<input type="checkbox"/> # 1-131-51014-274	
Funds Checked By: _____	Payment Date: _____	
Approval: _____	Approval: _____	