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 ebusinvoices@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: _____

Revised Sep 24, 2018