

Bag 8000, 187 East Victoria St, Vanderhoof, BC, VOJ 3A0 Phone: 250-567-4413 <u>www.ebus.ca</u>

EBUS ACADEMY STUDENT LESSONS FORM

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

Payee (please match to vendor form):)				
Mailing address:	(including city	and posta	l code)		
Contact Person:					
Email Address:			•		
Student Name:	Grade:		Co	ourse /	Program:
Parent / Guardian Name: O		Online	Inline Teacher:		
Description of Services	From (dd/mm/yy)		To (dd/mm/yy)		Cost
			GST (if appli	icable)	
			Invoice To	otal:	\$
Parent / Guardian Signature:			Date	e:	
Vendor Signature:			Date	e:	
Office Use Only:					
GL Accounts:				31-5101	
	Payment Date:				