

BILLING FORM

Date:	Vendor Invoice#:	Student PO#:
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VENDOR INFORMATION:

Name of Vendor (Payable to) :	
Mailing address:	
City:	Postal Code:
Phone:	Email:
Vendor Signature:	

STUDENT (First and last name):

Description of Activity or Item	Date(s)	Cost
CHEK ABC TEACHER/OFFICE USE ONLY: CHEK ABC Teacher Signature: _____ Date: _____ Check Applicable: K-9 _____ 10-12 _____ SPED _____ Criminal Record Check Complete: Yes _____ No _____ Notes:	PST:	
	GST:	
	TOTAL: \$	

*Please note: CHEK ABC teacher signature is required for payment to be processed.