

## **BILLING FORM**

Date:	Vendor Invoice#:	Student PO#:	
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		PST:	
	Date:	GST:	
Check Applicable: K-9	10-12 SPED		
Criminal Record Check Complete: Yes No		TOTAL: \$	
Notes:			

810 Tenth Street, Nelson BC, V1L 3C7 Phone: 1-888-352-2435 or 250-352-0526 Fax: 250-352-0546 Email: invoices@chekabc.ca

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