



Bringing Learning to Life!

Vancouver Island North School District No. 85

PO Box 90, Port Hardy, BC V0N 2P0
Tel: (250) 949-6618 x2226 Fax: (250) 949-8792

INVOICE REQUISITION

Attach Supporting Documentation

Date: _____

Reason for Invoice: _____

Special Instructions for Invoice: _____

Sent To: _____

Vendor code: _____

Date Required: _____

(Phone Number)

Credit Account: _____ \$ _____

GST (if applicable) add 5% 84950 \$ _____

INVOICE AMOUNT: \$ _____

REQUESTED BY

A.O./MANAGER (if necessary)