



Vancouver Island North School District No. 85

PO Box 90, Port Hardy, BC V0N 2P0
Tel (250) 949-6618 x 2226 ~ Fax (250) 949-8792

VISA PURCHASING CARD PAYMENT REQUEST

Date: _____

TO: _____

FX: _____ PH: _____

FROM: _____

FX: _____ PH: _____

Please apply the charges on invoice # _____ (copy attached) to our
VISA purchasing card:

_____ EXP: _____

Name on the card: _____

Thank you very much. Please don't hesitate to call if you have any questions or concerns.

Sincerely,