



**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

**P.A.C. Requisition**

*Please forward to school with supporting documentation*

DATE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

REASON FOR CHEQUE: \_\_\_\_\_

VENDOR: \_\_\_\_\_ INVOICE(S) # \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ # \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ TOTAL \$ \_\_\_\_\_

Phone No: \_\_\_\_\_

**Repayment Commitment**

We, the undersigned of the school PAC promise to reimburse SD #85 for this purchase paid for by the School/School Board. We understand that if this is not carried out as stated below, SD #85 may refuse to pay invoices on our behalf in the future. It is also understood that SD #85 will not release a cheque to the school/vendor until completed.

This will be accomplished by: \_\_\_\_\_ In the form of: Cheque Cash Money Order  
DATE

\_\_\_\_\_  
CHAIR Phone No.

\_\_\_\_\_  
SECRETARY or TREASURER Phone No.

**SCHOOL:**  
Acknowledgement: \_\_\_\_\_ Notes: \_\_\_\_\_  
SCHOOL A.O.

**Please forward to Cindy at the School Board Office**

OFFICE USE ONLY				
Invoice Date	SD 85 Invoice #	Due	Payment	Balance