



The wisdom of our ancestors guides us

INDIGENOUS PROGRAMS

Role Model Invoice

INVOICE NUMBER

(Admin use only)

Name: _____

Phone: _____

Presentation: _____

PO Box _____

School Visited: _____

City: _____

Date: _____

Postal Code: _____

		HOURS WORKED				
		REGULAR HOURS		LENGTH OF PRESENTATION		
DATE	MM/DD	IN	OUT	HRS		Day Rates
SUN						
MON					<input type="checkbox"/> 1 period	\$ 50.00
TUE					<input type="checkbox"/> 1/2 day	\$ 100.00
WED					<input type="checkbox"/> 3/4 day	\$ 150.00
THU					<input type="checkbox"/> Full day	\$ 200.00
FRI						
SAT						
SUN						
MON						
TUE						
WED						
THU						
FRI						
SAT						

Please choose one:
 Please Mail
 Cheque will be picked up
 EFT (New or on file)

Total Amount = \$

Description
Elders in Residence

Kwakiutl Band Code
419-61400

School Administrator

Date

SD85 Indigenous Education Team Member

Date

Irene Isaac, District Principal,
Indigenous Programs, SD85

Marion Hunt, Education Administrator,
Kwakiutl Band

Note: We require invoices to be submitted two weeks in advance of presentation. Please use a separate form for each week if booked over multiple days/weeks in month. Updated June 14, 2022.