



The wisdom of our ancestors guides us
SD85 - INDIGENOUS PROGRAMS

INVOICE NUMBER

(Admin use only)

Language Invoice

Name: _____

Phone: _____

Presentation: _____

PO Box _____

School Visited: _____

City: _____

Date: _____

Postal Code: _____

		HOURS WORKED				
		REGULAR HOURS		LENGTH OF PRESENTATION		
DATE	MM/DD	IN	OUT	Hrs.	Rate	
SUN					<input type="checkbox"/> Hourly rate \$50.00 Please choose one: <input type="radio"/> Please Mail <input type="radio"/> Cheque will be picked up <input type="radio"/> EFT (New or on file)	
MON						
TUE						
WED						
THU						
FRI						
SAT						
		TOTAL			Total Amount =	\$

Description
Elders in Residence

Kwakiutl Band Code
419-61400

School Administrator

Date

SD85 Indigenous Education Team Member

Date

Irene Isaac, District Principal,
Administrator, Indigenous Programs, SD85

Marion Hunt, Education
Kwakiutl Band

Note: We require invoices to be submitted two weeks in advance of presentation.