



The wisdom of our ancestors guides us
SD85 - INDIGENOUS PROGRAMS

Elders In Residence Invoice

INVOICE NUMBER _____

(Admin use only)

PAYMENT INFORMATION

THIS INFORMATION MAY APPEAR ON CHEQUE – PLEASE ENSURE INFORMATION IS CORRECT

NAME: _____ PHONE NO.: _____

MAILING ADDRESS: _____ AMOUNT: \$ _____

KWAKIUTL BAND CODE: 419-61400 / 7223-0419

PRESENTATION: _____

SCHOOL: _____ DATE SUBMITTED: _____

DATE (MM/DD)	TIME IN	TIME OUT	HOURS
Su			
Mo			
Tu			
We			
Th			
Fr			
Sa			

1 PERIOD @ \$50 ¼ DAY @ \$150
 HALF DAY @ \$100 FULL DAY @ \$200

NOTES: _____

*INVOICES SHOULD BE SUBMITTED TWO (2) WEEKS PRIOR TO PRESENTATION
 *NEW ROLE MODELS/ELDERS MUST PASS CRIMINAL RECORD CHECK PRIOR TO SCHOOL VISIT
 *DIRECT DEPOSIT IS AVAILABLE – PLEASE CONTACT SBO



 SCHOOL PRINCIPAL/VICE-PRINCIPAL

 DATE

 INDIGENOUS EDUCATION TEAM MEMBER

 DATE

 DISTRICT PRINCIPAL, INDIGENOUS PROGRAMS

 DATE

 EDUCATION MANAGER, KWAKIUTL BAND COUNCIL

 DATE