The wisdom of our ancestors guides us

SD85 - INDIGENOUS PROGRAMS

Role Model 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 / 7224-0419

PRESENTATION: _____

SCHOOL: _____ DATE SUBMITTED: _____

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

☐ 1 PERIOD @ $50 ☐ ¾ DAY @ $150

☐ HALF DAY @ $100 ☐ FULL DAY @ $200

NOTES:_____

_____

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*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