

**EBUS ACADEMY STUDENT LESSONS FORM**

P.O. Bag 8000, 187 E. Victoria St.

Vanderhoof, B.C. V0J 3A2

Telephone: (250) 567-4413

FAX: (250) 567-3943

<http://www.ebus.ca>



**Please remit to EBUS Academy**

<b>Vendor Name</b> _____
<b>Mailing Address</b> _____ (including city and postal code)
<b>Phone Number</b> (____) _____ <b>Fax Number</b> (____) _____
<b>Email Address</b> _____ <b>Contact Person</b> _____

<u><b>Student Name</b></u>	<u><b>Grade</b></u>	<u><b>Course/Program</b></u>
<u><b>Parent/Guardian Name</b></u>		<u><b>Online Teacher</b></u>

Description of Services Provided	From (dd/mm/yy)	To (dd/mm/yy)	Sub Total
<b>Notes:</b>		<b>HST</b>	
		<b>TOTAL</b>	

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Vendor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

OFFICE USE ONLY:	
GL Accounts: <input type="checkbox"/> # 1-102-51014-274 <input type="checkbox"/> # 1-110-51014-274 <input type="checkbox"/> # 1-131-51014-274	
Funding Checked by: _____	Payment Date: _____
Approval: _____	Approval: _____