

VENDOR INVOICE

ATTN: Accounts Payable

(Please Send Canada Post OR Email)

Heritage Christian Online School

905 Badke Road, Kelowna, BC V1X 5Z5

PH: **250.862.2376** or toll-free **1.877.862.2375** Email: **accounts@onlineschool.ca**

Vendor Name:			
Mailing Address:			
City, Postal Code:			
Phone:		Email:	

*Cheque Payable To:		Invoice DATE:	
INVOICE NUMBER:		Student PO#	
<i>If no invoice date or number provided we will create one for you.</i>		OFFICE USE ONLY - CRC Valid?	
Student First & Surname:		<i>A/P Staff - Check CRC in GP (<u>Initial</u>)</i>	

Please Break Down Lesson Amounts by Month where Applicable OR Record Start & End Dates of Specific Session(s)

MONTH / DATES	DESCRIPTION	AMOUNT
SUB-TOTAL		\$ -
Please record a <u>break down</u> of actual Taxes when applicable (GST & PST) REFUNDS: Please send refund cheques to Heritage Christian ONLINE School. PO#s: <u>Change every year</u> - 8 or 9 digits and first 4 digits denote School Year (i.e. 1314.....)		GST 5%
		PST 7%
		TOTAL
		\$ -

Name of Person Submitting this Invoice Form (Please PRINT) _____