

Project Number

**Aboriginal Education Centre**  
**RESOURCE PERSON INVOICE – REVISED 2016**

PROJECT CONTACT PERSON: \_\_\_\_\_ DATE: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

DATE(S) Payable \_\_\_\_\_

SESSION(S) \_\_\_\_\_ TIME: \_\_\_\_\_

\$50 per hour to MAX of \$250.00

TOTAL # of SESSIONS PAYABLE: \$ \_\_\_\_\_

**RESOURCE PERSON – Personal Information**

NAME: \_\_\_\_\_

SIN #: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL: \_\_\_\_\_

PHONE#: \_\_\_\_\_ ATL #: \_\_\_\_\_

MAIL CHEQUE TO ABOVE ADDRESS

SEND CHEQUE TO SCHOOL FOR PICKUP

**Please ensure all the above form is completely filled out before  
faxing to avoid delayed payment - 250-991-5587**

**Office Use:**

CODE: \_\_\_\_\_ AMOUNT PAID: \$ \_\_\_\_\_