



**INVOICE FOR SERVICES RENDERED
TO A STUDENT(S) of SUMMIT LEARNING CENTRE
29715 Donetelli Avenue, Mission, BC V4S 1H6**

DATE: _____

INVOICE #: _____

VENDOR NAME: _____

PAYEE NAME: _____
(if different from above):

VENDOR ADDRESS: _____

VENDOR PHONE NUMBER: _____
(required field)

STUDENT(S) NAME(S): _____

TYPE OF SERVICE RENDERED: _____

TIME PERIOD OF SERVICES RENDERED: _____

SUB TOTAL	\$	_____
GST (5% if applicable)		_____
PST (7% if applicable)		_____
TOTAL CHARGE	\$	_____
GST or BUSINESS #		_____

SIGNATURE OF VENDOR: _____

******Prior to submitting an invoice to Summit Learning Centre be sure to phone Carolyn Wilding-Eddy to confirm that sufficient funds are in the family account. Programs such as music or dance lessons should be on a semi-annual basis. ie from September to January and/or from February to June. Funds should be confirmed prior to EACH invoice period.******

For payment to be processed please do one of the following:

Mail invoice to Summit Learning Centre.

Fax invoice to Summit Learning Centre at **604-820-9505** attention **Carolyn Wilding-Eddy**

Email invoice to Carolyn Wilding-Eddy at **carolyn.wilding-eddy@mpsd.ca**

Please allow 3 weeks processing time to receive payment.

Alternatively, if your business accepts Mastercard you can call Carolyn Wilding-Eddy @ **604-820-3333** ext. 116 for payment to be processed through Mastercard