



Please keep space blank.

## PRAIRIE SPIRIT SCHOOL DIVISION NO. 206

### Invoice for Officiating Extra Curricular Activities

Office Tel: 683-2800 Fax: 934-8221

Payable To:		
Mailing Address:		Postal Code:
Phone No.:	(w)	(h) (c)
E-mail Address:		

Location:
Extra Curricular Event:
Date of Event:

#### Mileage

\_\_\_\_\_ km(s) @ \_\_\_\_\_ /km = \$ \_\_\_\_\_

#### Officiating

\_\_\_\_\_ match(es) @ \_\_\_\_\_ / match = \$ \_\_\_\_\_

**(THE VOLLEYBALL OFFICIATING RATE IS PAID BY THE MATCH, NOT THE INDIVIDUAL GAME)**

**TOTAL AMOUNT OF INVOICE: \$ \_\_\_\_\_**

ACCOUNT CODE:
---------------

OFFICIAL'S SIGNATURE:	DATE:
-----------------------	-------

PRINCIPAL/CO-ORDINATOR'S SIGNATURE:
-------------------------------------

SCHOOL:	DATE:
---------	-------

*Revised November 2016*