Vancouver Island North
School District No. 85

PO Box 90, Port Hardy, BC V0N 2P0
Tel(250) 949-6618 x 2226 ~ Fax(250) 949-8792

Event or Meeting Attendance List

Meeting Description: _____ Date: _____

Receipts include:

_____ $ _____
_____ $ _____
_____ $ _____
TOTAL $ _____ Account#_____

ALL ATTENDEES

SD Employees Other

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

CC/ Accounts Payable