***Payable to:*** _____
Address: _____
_____
_____
Phone: _____

# INVOICE

**BILL TO: Lloydminster Catholic School Division**
6611B - 39 Street
Lloydminster, AB T9V 2Z4
Phone: 780.808.8585
Fax: 780.808.8787

**DATE SUBMITTED:** _____

☐ **Sask. Home Schooling**
☐ **Alberta Home Schooling**

**Name of Student:** _____

| Item # | DATE | Vendor/Seller | Description of Item & School Subject | Total Amount | Office Use ONLY |
|---|---|---|---|---|---|
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| | | | **TOTAL** | | |

*All Expenses above are Home-based Education expeneses.
*Please include either original receipts OR photocopies of receipts. Please DO NOT submit duplicate receipts.

Parent (Guardian) _____ LCSD Approval _____