



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	\$	<u>_____</u> Account# _____

ALL ATTENDEES

SD Employees

Other

CC/ Accounts Payable