



Anchor Academy

7201 Hurst Road, Box 3015
Salmon Arm, BC V1E 4R8
Toll free: 1-888-917-3783
Email: anchor@ark.net
Fax: (250) 832-4379

THIRD PARTY SERVICE PROVIDER INVOICE

ONE STUDENT PER FORM

January 13, 2010

Dear Third Party Service Provider and /or Parents:

Anchor Academy's policy for 3rd Party Services is as follows:

- 1) Parent must discuss desired service with DL *Anchor* Teacher,
- 2) Parent prints off form from *Anchor Academy* website or requests form from DL teacher,
- 3) Parent fills out form with 3rd Party Service Provider (see below for instructions),
- 4) Form is emailed, faxed or mailed to DL *Anchor* Teacher (not the office) for authorization,
- 5) DL *Anchor* teacher completes the form and submits to *Anchor Academy* office for payment.

Payment will not be issued until the Third Party form is signed by the Anchor Academy teacher responsible for that student and is dependant upon how much funds are allocated in their Credit Course Allotment (CCA) for lessons/services.

Instructions and Payment Schedule for 3rd Party Service Provider form:

Submit September to November lessons/services **by *October 15*** to a maximum of \$200 per student. ***Payment will be issued by November 15.***

Submit December to February lessons/services **by *January 15*** to a maximum of \$200 per student. ***Payment will be issued by February 15.***

Submit March and April lessons/services **by *March 15*** to a maximum of \$200 per student. ***Payment will be issued by April 15.***

Submit May and June lessons/services **by *June 30*** up to the balance in the CCA account. ***Payment will be issued by July 15.***

Keep in mind that unspent CCA will be voided July 1.

Invoices received after the above submission dates will not be paid until the following scheduled payment date.

If you have any questions, please contact me at the office.

Thank you.
Robin Johnson
Bookkeeper Phone: 250-832-2754

NO PAYMENT ISSUED UNTIL SIGNED BY DL TEACHER



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SERVICE PROVIDER:

Students Name: _____ Date: _____

Students Purchase Order Number (PO#) REQUIRED:

P.O.#: _____

Business Name: _____

Address: _____ City: _____ Prov. _____ Postal Code: _____

Business Phone: () _____ Fax: () _____

Email: _____ Cell phone: () _____

Type of service provided: _____

Date(s) of service (See above for detailed instructions): FROM: _____ TO: _____

Contact person (Print): _____

Cheque Payable to: _____

CALCULATION OF INVOICE:

Lessons: _____ at \$ _____ = \$ _____

Curriculum: _____ = \$ _____

_____ = \$ _____

_____ = \$ _____

Subtotal \$ _____

Shipping \$ _____

GST \$ _____

TOTAL \$ _____

ANCHOR ACADEMY TEACHER USE ONLY:

STUDENT'S NAME: _____

TEACHER'S NAME: _____ SIGNATURE: _____

SUBJECT/COURSE: _____ Service Provider meets PLO#(s) _____