



OKANAGAN INDIAN BAND EDUCATION DEPARTMENT

Mailing Address R.R.7, Site 8, Comp. 20 Vernon, B.C. V1T 7Z3
Telephone: (250) 542-4328 Fax: (250) 542-4990

COST OF PURCHASE FORM

ONE FORM MUST BE FILLED OUT FOR EACH STUDENT

Name of Student: _____ Band Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____ other: _____

Date: _____ Grade: _____ School Attending: _____

Reason for Item to be purchased: _____
(EXTRACURRICULAR ACTIVITY, FIELD TRIP, GYM SPORT, ETC.)

PARENT SIGNATURE: _____

TO BE FILLED OUT BY STORE EMPLOYEE ONLY.

NAME OF STORE PURCHASE IS BEING MADE _____

Item: _____ Cost of item: \$ _____ Tax: \$ _____ **Total cost \$** _____

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Total cost of items purchasing: \$ _____ Tax: \$ _____ **Total Cost \$** _____

NOT TO EXCEED ONE HUNDRED DOLLARS (\$100.00)

VERIFIED BY: _____ (Sales Clerk or Manager)