

INVOICE FOR SCHOLARSHIP FUND (revised 2010, September 24)

MAIL TO: ACT Secretary
Box 105
125 Barr Street
Holland, MB R0G 0X0

Email: ACTSecretary@mts.net

Name: (Please Print) _____

Address to send payment: _____

Course Topic: _____

Date of Course/Class: _____

Instructor's Name: _____

Course Fee/Tuition: \$ _____ (attach receipt)

Mileage: \$ _____ (see application form for restrictions)

Total: \$ _____

Submitted by:

Signature

Date

Approved for Payment:

ACT Representative

Date