JUSTICE INSTITUTE
of BRITISH COLUMBIA

PAYMENT VOUCHER

DATE: _____   INVOICE# _____

PAY TO:

_____

_____

_____

EXPLANATION:		
	Amount	$
	Discount	$
	Shipping & Handling	$
	GST / HST	$
	TOTAL	$

_____   _____
Manager, Financial Services   Vendor No.

Mail Direct_____

☐ with attachment

ACCOUNT NO.	AMOUNT
	$
	$
	$
	$
	$
	$

Deliver To _____

_____

_____

_____

_____

_____
AUTHORIZED SIGNATURE