

Form 415-1 Fitness Credits Invoice



Payable to: _____
Address: _____

Phone: _____

BILL TO: Lloydminster Catholic School Division

DATE:

6611B - 39 Street
 Lloydminster, AB T9V 2Z4
 Phone: 780.808.8585
 Fax: 780.808.8787

DESCRIPTION	AMOUNT
Rebate \$50.00 per employee per school year	
TOTAL	

Staff Signature: _____