

# 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
<b>Rebate \$50.00 per employee per school year</b>	
<b>TOTAL</b>	

Staff Signature: \_\_\_\_\_