|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date:  |  |  | Invoice # |  |

**Agency Commission Invoice**

1. Commission for students enrolled September to June will be processed mid-October, submit your Agency invoice by September 30th.
2. Commission for students enrolled in February will be processed mid-March, submit your Agency invoice by February 28th or 29th.

**Submitted by:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency (Company)Name |  | **OR** | Individual’s Name –Legal Name (Last, First) |  |
| GST Registration *(Canada only)* |  | Social Insurance Number *(Canada Only)* |  |
| Address  |  |  |
| City |  |  |
| Province or State |  |  |
| Country |  |  |
| Postal Code or Zip Code |  |  |
| Email Address |  |  |
| Phone Number |  |  |

**Bill to:**

|  |  |
| --- | --- |
| Abbotsford School District**International Program**2790 Tims StreetAbbotsford, BCV2T 4M7CANADA | Phone: 604.851.4585Email: international.finance@abbyschools.ca Website: <https://international.abbyschools.ca/> |

**Referred Students:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Last Name | First Name | TN ID#(IF known) | **Start** Date | **End** Date | Program Fee **Paid** | Commission (Referral fee) |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| **Total Commission** |  |