|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 Street  Abbotsford, BC  V2T 4M7  CANADA | Phone: 604.851.4585  Email: [international.finance@abbyschools.ca](mailto: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** | | | | | | |  |