



## THIRD PARTY BILLINGS

Please complete the form below when requiring a third party invoice to cover the cost of substitute(s).

**Please note: All billing related leave must now use code 93 in TCAS.**

School Name:

Requested By:

<u>Date</u>	<u>Regular Teacher</u>	<u>Substitute Teacher</u>	<u>Hours</u>

### Invoicing Details:

<b>Company Name:</b>	<input style="width: 90%; height: 25px;" type="text"/>
<b>Address:</b>	<input style="width: 90%; height: 25px;" type="text"/>
<b>City/Province:</b>	<input style="width: 90%; height: 25px;" type="text"/>
<b>Postal Code:</b>	<input style="width: 90%; height: 25px;" type="text"/>
<b>Contact Name:</b>	<input style="width: 90%; height: 25px;" type="text"/>
<b>Reason for Request:</b>	<input style="width: 90%; height: 25px;" type="text"/>
<b>Additional Information:</b>	<input style="width: 90%; height: 25px;" type="text"/>

Please send the necessary information back to payroll for processing.

- Schools A-E – Denise Hines ([denisehines@nlesd.ca](mailto:denisehines@nlesd.ca)) 758-3038
- Schools F-Le – Brenda Grace ([brendagrace@nlesd.ca](mailto:brendagrace@nlesd.ca)) 758-2355
- Schools Lf-Sp – Cathy Cook ([cathycook@nlesd.ca](mailto:cathycook@nlesd.ca)) 758-2354
- Schools Sq-Z – Maria Fifield ([mariafifield@nlesd.ca](mailto:mariafifield@nlesd.ca)) 758-3057

Or send via fax to (709)758-2312