



Attention: **Gatekeeper Program Coordinator**
 15008 – 26th Avenue, Surrey, BC V4P 3H5
 Fax: 604 531-9498 | Email: gatekeeper@bccrns.ca

POST WORKSHOP INVOICE

COMPLETE & SUBMIT AFTER THE WORKSHOP.

Workshop Date: _____ **Facilitator:** _____
Location: _____ **Host Group:** _____

Name of CRN or Host Member Agency:			
Contact Person:			
Address:			
City/Province:		P.C.	
Phone:		Email:	
Regional Mentor:			
Cheque Payable to:			
Address:			
City/Province:		P.C.	

Pre-Approved Expenses: *(Invoices and/or receipts required. Use back if needed.)*

<i>Item</i>	<i>Vendor name</i>	<i>Amount</i>
Venue		
Equipment		
Catering		
Travel		
CRN Admin (if applicable)		
	TOTAL:	

Signing Authority:

Signature: _____ Date: _____