**Summer Studentship Program Invoice**

**Send original invoices to the Northern Ontario School of Medicine via these options:**

**Email:** **accountspayable@nosm.ca**

**Fax: 807-766-7352**

**Mail: NOSM Accounts Payable**

 **955 Oliver Road, Thunder Bay**

**ON, P7B 5E1**

|  |  |
| --- | --- |
| **Invoice Number** |  |
| **Invoice Date** |  |

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| --- | --- | --- | --- |
| STUDENT NAME AND EMPLOYMENT DATES | ACTUAL HOURSWORKED | FUNDING RATE | FUNDING AMOUNT |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| SUB-TOTAL |  |
| STAT HOLIDAY PAY |  |
| TOTAL |  |

|  |  |
| --- | --- |
| MAILING ADDRESS |  |
| AGENCY NAME OR PAYEE |  |
| CONTACT NAME |  |
| TELEPHONE |  |
| EMAIL ADDRESS |  |