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| **2025 Summer Studentship Program Invoice**Send original invoices to the Northern Ontario School of Medicine via these options:Email: accountspayable@nosm.caFax: 807-766-7352Mail: NOSM Accounts Payable955 Oliver Road, Thunder BayON, P7B 5E1 |
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|   |  |
| **Agency Information**  |  |
|   |  |
| Agency Name |   |  |
| Invoice Number |  |  |
| Invoice Date |   |  |
| Mailing Address |   |  |
| Contact Name  |   |  |
| Telephone Number |   |  |
| Email Address  |   |  |
|  |  |
|  |
| Invoice Total  | $  |  |

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| **NOSM UniversitySummer Studentship Program**  |
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| **Attach this summary sheet to your standard invoice if you need to complete summer student details** |
|  |
| **Please email to accountspayable@nosm.ca** |
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|   |
| Do NOT send a copy to summerstudentship@nosm.ca |
| **Who should we contact if NOSM has questions about this summary sheet?** |
| summerstudentship@nosm.ca |
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| **STUDENT SUMMARY SHEET - DUE December 1 (MIDNIGHT)** |  |
| ELIGIBLE SSP STUDENT NAMES | NOSM BILLABLE HOURS | ACTUAL HOURS WORKED | AGENCY RATE OF PAY PER HOUR | NOSM MAXIMUM BILLABLE TOTAL(Include ROE or students LAST paystub for verification) |  |
|   |   |   | $0.00 | $0.00 |  |
|   |   |   | $0.00 | $0.00 |  |
|   |   |   | $0.00 | $0.00 |  |
|   |   |   | $0.00 | $0.00 |  |
|   |   |   | $0.00 | $0.00 |  |
|   |   |   | $0.00 | $0.00 |  |
| **TOTAL BILLABLE AMOUNT** | **$0.00** |  |
|  **ENTER NOSM's PRE-APPROVED BILLABLE AMOUNT** | **$0.00** |  |
| **NOSM USE ONLY** |  |  |  |   |  |
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