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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.ca Fax: 807-766-7352 Mail: NOSM Accounts Payable 955 Oliver Road, Thunder Bay ON, P7B 5E1 | | | | | | | |
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| **Agency Information** | | | | | | | |  |
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| Agency Name | | |  | | | | |  |
| Invoice Number | | |  | | | | |  |
| Invoice Date | | |  | | | | |  |
| Mailing Address | | |  | | | | |  |
| Contact Name | | |  | | | | |  |
| Telephone Number | | |  | | | | |  |
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| **NOSM University Summer Studentship Program** | | | | |
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| **Attach this summary sheet to your standard invoice if you need to complete summer student details** | | | | |
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| **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](mailto: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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