



**THIRD PARTY BILLING FORM**  
**Bus Pass Purchase Order Approval**

This form is to be used with a PO or LC Document

	GNWT HEALTH AND SOCIAL SERVICES	LC NUMBER
	GNWT INCOME EDUCATION CULTURE AND EMPLOYMENT	LC NUMBER
	YELLOWKNIFE HEALTH AUTHORITY	PO NUMBER
	YELLOWKNIFE DISTRICT 1	PO NUMBER
	YELLOWKNIFE CATHOLIC SCHOOLS	PO NUMBER
	OTHER	

NAME OF THE CLIENT/PARENT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME/S OF THE STUDENT/S (please include their school, grade, and in order of eldest to youngest)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE OF AGENT \_\_\_\_\_

DATE \_\_\_\_\_

BATCH # \_\_\_\_\_

PRICE \$ \_\_\_\_\_