



Nunatsiavut Government – EDUCATION DIVISION

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Second-Hand Book/Tool/Equipment Receipt

Student Information:

Name:
Address:
City/Town:
Postal Code:
Email Address:
Phone #:

Seller's Information:

Name:
Address:
City/Town:
Postal Code:
Email Address:
Phone #:

Check off which item this receipt is for:

☐ Text Book ☐ Tool/Equipment

DESCRIPTION OF SECOND HAND ITEM:

Name of Item	Edition/Issue #	Author	Price

Total amount paid for Second-Hand Item(s): _____

Student Signature: _____ Date: _____

Seller's Signature: _____ Date: _____

PLEASE NOTE: STUDENT MUST SUBMIT PROOF OF ORIGINAL PRICE OF ITEM WITH THIS RECEIPT

For Office Use Only:

Approved: ☐ Yes ☐ No Amount Approved: _____

Approved by: _____ Date: _____

Entered by: _____ Date: _____

Funding Allocation: ☐ PSSSP ☐ ISETP (☐ EI ☐ CRF) ☐ IPSE