



Nunatsiavut Government – EDUCATION DIVISION

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Second-Hand Book/Tool/Equipment Receipt

Student Information:

Seller's Information:

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

Check off which item this receipt is for:

- Text Book
 Tools/Equipment
 Technical Equipment

DESCRIPTION OF SECOND HAND ITEM:

Name of Item	Edition/Issue #	Author or Brand Name	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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount Approved: _____
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Funding Allocation: <input type="checkbox"/> PSSSP <input type="checkbox"/> ISETP (<input type="checkbox"/> EI <input type="checkbox"/> CRF) <input type="checkbox"/> IPSE	