

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
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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:

(*or attach e-mail from seller as proof of payment)

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		