

SERVICE PROVIDER RECEIPT FORM

NUMBER:

POSTAL CODE:

STUDENTS:

NAME OF STUDENT:

MAILING ADDRESS:

- Complete Section 1 below
- Attach <u>original</u> receipts, **or** have your service provider complete Section 2 (page 2)
- Return unused funds; submit <u>certified cheque</u>, <u>bank draft or money order</u> payable to the **Minister of Finance** to;

Ministry of Advanced Education StudentAidBC – Directed Programs Unit PO Box 9173 Stn Prov Govt Victoria BC V8W 9H7 Staple Repayment Here

SOCIAL INSURANCE OR APPLICATION

- Students are responsible for all bank fees and charges.
- StudentAidBC must receive the unused funds by the end of your study period (shown below).
- Additional copies of this form are available at <u>www.studentaidbc.ca</u>

Section 1 - to be completed by student

CITY:		PROV:	TELEPHONE:			
SCHOOL NAME:						
Breakdown of CSG-SEPD received						
For Study Period	YYYY-MM-DD		YYYY-MM-DD			
- Tutor			\$			
- Transportation	\$					
- Notetaker	\$					
- Attendant	\$					
- Interpreter	\$					
- Captionist	\$					
- Reader	\$					
- Academic Strategist	\$					
- Alternate Format	\$					
LESS: Amount paid to you	\$					
Unused funds (attach certified	\$					

Section 2 - to be completed by Service Provider

NAME OF STUDENT – MUST BE PROVIDED

SOCIAL INSURANCE OR APPLICATION NUMBER:

NAME OF SERVICE PROVIDER:			E-MAIL ADDRESS:		
MAILING ADDRESS:			POSTAL CODE:		
CITY:				PROV:	TELEPHONE: ()
Dates	# of Hours	Hourly rate	Payment received	Initial for payment received	Description of Services
Example: 2011-09-23	2	\$25.00	\$50.00	тс	Tutoring
YYYY-MM-DD					
TOTAL			\$		
					accurate. I have provided the services stated, complete the transaction.

SIGNATURE OF SERVICE PROVIDER (Must Be Signed in Ink)	Print Name	Date Signed

PAGE 2 of 2

ALL INFORMATION IS SUBJECT TO AUDIT AND VERIFICATION