



SERVICE PROVIDER RECEIPT FORM

STUDENTS;

- Complete Section 1 below
- Attach original receipts, **or** have your service provider complete Section 2 (page 2)
- Return unused funds; submit certified cheque, bank draft or money order 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

- **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 www.studentaidbc.ca

Section 1 – to be completed by student

| | | |
|------------------|---|----------------------|
| NAME OF STUDENT: | SOCIAL INSURANCE OR APPLICATION NUMBER: | |
| MAILING ADDRESS: | POSTAL CODE: | |
| 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 your service provider(s) | | \$ |
| Unused funds (attach certified cheque, bank draft or money order) | | \$ |

