SERVICE PROVIDER RECEIPT FORM

STUDENTS:

- You and your Service Provider must BOTH sign Section 3.
- Funding must be used as outlined in the approval letter.
- Your Service Provider must have the appropriate qualifications to provide the service and be approved by your institution.
- Family members cannot provide services without pre-approval by StudentAid BC.
- Receipts and unused funds must be submitted before any further services will be provided.
- When submitting receipts, keep copies for your records.
- To return unused funds, submit a cheque, bank draft or money order **payable to the Minister of Finance** to:

  Ministry of Advanced Education, Skills and Training
  StudentAid BC – Directed Programs Unit
  PO Box 9173 Stn Prov Govt
  Victoria BC V8W 9H7

- Email completed form to: DPU.StudentFunding@gov.bc.ca

Section 1 – to be completed by student

NAME OF STUDENT		
SOCIAL INSURANCE NUMBER	**StudentAid BC APPLICATION NUMBER**	
MAILING ADDRESS	**POSTAL CODE**	
CITY	**PROV**	**TELEPHONE** ( )
SCHOOL NAME		

SPECIFY THE SERVICES AND FUNDING YOU RECEIVE:

Study Period:	**Start Date:** YYYY-MM-DD	**End Date:** YYYY-MM-DD

Tutor	**$**
Transportation	**$**
Note Taker	**$**
Attendant	**$**
Interpreter	**$**
Captioner	**$**
Reader	**$**
Academic Strategist	**$**
Note Sharing	**$**
Behavioural Interventionist	**$**
Orientation and Mobility Specialist (O&M)	**$**
Typist/Transcriptionist	**$**
Alternate Format	**$**
SUBTRACT Amount paid to your service provider(s)	**$**
= Unused funds (attach cheque, bank draft or money order)	**$**

Section 2 – to be completed by Service Provider

NAME OF SERVICE PROVIDER:

E-MAIL ADDRESS:

TELEPHONE: ( )

Dates	# of Hours	Hourly rate	Payment received	Initials for payment received	Description of services and course name(s)
YYYY-MM-DD					
TOTALS			$		

Section 3 – Signatures

I understand that by signing below I certify that the information is complete and accurate. I have provided the services stated, for the dates indicated and have received payment in the amount(s) specified, to complete the transaction.

SIGNATURE OF SERVICE PROVIDER **Print Name** **Date Signed**

_____ _____ _____

I understand that by signing below I certify that the information is complete and accurate. I have received the services stated, for the dates indicated and have provided payment in the amount(s) specified and as approved by StudentAid BC.

SIGNATURE OF STUDENT **Print Name** **Date Signed**

_____ _____ _____