

Time Log and Receipt for Services

Student's Information

Student's Name: _____
Telephone Number: _____

Service Provider's Information

Description of Service: _____
Name: _____
Telephone Number: _____
Address: _____
Email Address: _____

Course Title: _____

Course Code: _____

Week Starting (DD-MM-YY)	Week Ending (DD-MM-YY)	Hours Per Week (a)	Hourly Rate (b)	Amount (a) x (b) = (c)	Service Provider's Initials	Student's Initials
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Hours (a): _____ x Hourly Rate (b): _____ = \$ Fees Billed to Student (c): _____

Receipt for Services and Declaration by Service Provider

Amount of payment: \$ _____ (This amount should not exceed the total billed to student as indicated above)
Date of payment: _____
Method of payment: Cash E-Transfer Cheque/Money Order Other:

I hereby acknowledge that I have given complete and true information on this form.

Signature of Service Provider

Date

Declaration By Student

I hereby acknowledge that the information provided on this form is true and complete.

Signature of Student

Date