



StudentAidBC

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 and Skills 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


