



StudentAidBC

SERVICE PROVIDER RECEIPT FORM

STUDENTS;

- **Service Provider AND student must both sign this form in Section 3 (If service provider is unable to sign this form, a separate document must be provided with full contact information and signature)**
- Service dollars must be used as per the approval letter sent to the student
- Service Provider must have appropriate qualifications to provide service
- Family members may not provide services without appropriate justification and preapproval by SABC
- Receipts and unused funds must be submitted before any further services will be provided;
- 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 taxes, holiday pay, Worker's Compensation, bank fees, etc.

Section 1 – to be completed by student

NAME OF STUDENT:	SOCIAL INSURANCE OR APPLICATION #:	
MAILING ADDRESS:	POSTAL CODE:	
CITY:	PROV:	TELEPHONE: ()
SCHOOL NAME:		

Canada Student Grant for Services & Equipment: Approval Details

For Study Period

- Specialized Tutor	\$
- Specialized Transportation	\$
- Notetaker	\$
- Educational Attendant Care	\$
- Interpreter	\$
- Captionist	\$
- Reader (not for exams)	\$
- Academic Strategist	\$
- Alternate Format	\$
LESS: Amount paid to your service provider(s)	\$
Unused funds (attach certified cheque, bank draft or money order)	\$

Section 2 – to be completed by Service Provider

Name of Student					Application #:
NAME OF SERVICE PROVIDER:					E-MAIL ADDRESS:
MAILING ADDRESS (Service Provider):					POSTAL CODE:
CITY:				PROV:	TELEPHONE: ()
Dates	# of Hours	Hourly rate	Payment received	Initial for payment received	Description of Services and course name(s)
Example: 2012-09-23	2	\$25.00	\$50.00	TC	Tutoring ENGL 101
YYYY-MM-DD					
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TOTAL			\$		

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** (in ink) 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** (in ink) Print Name Date Signed