



# 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 Post-Secondary Education and Future Skills  
 StudentAid BC – Directed Programs Unit  
 PO Box 9173 Stn Prov Govt  
 Victoria BC V8W 9H7

- Email completed form to: [DPU.StudentFunding@gov.bc.ca](mailto: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		\$
<b>SUBTRACT</b> Amount paid to your service provider(s)		\$
<b>= Unused funds (attach cheque, bank draft or money order)</b>		\$

## 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					
<b>TOTALS</b>			\$		

## 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**

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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**

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