

Nunatsiavut Government - PSSSP
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TUTORING CLAIM FORM

Student's Name: _____

Tutor's Name: _____

Student's Address: _____

Tutor's Address: _____

Phone No: _____

Phone No: _____

Date	Subject Name & #	# of Hours	Rate/Hour	Total	Student's Initials

Total Amount of this Claim: _____

Has the tutor been paid? Yes No

Please make cheque payable to: Student Tutor

Student's Signature: _____

Tutor's Signature: _____

NOTE: Please ensure that tutoring claim forms are submitted within the term for which this tutoring has been approved.