

Nunatsiavut Government – EDUCATION DIVISION

P.O. Box 116 Makkovik, NL AOP 1J0 Email: education@nunatsiavut.com Website: www.Nunatsiavut.com

Telephone: (709) 923-2105 Toll Free: 1-877-923-2171 Fax: (709) 923-2347



Tutoring Claim Form

Student Name:		Tu	Tutor's Name: Tutor Address:			
		Em	nail address:			
Telephone #:		le	lephone #:			
Date	Subject	# of Hours	Rate/Hour	Total	Student's Initials	
					1	
	-				1	
Total Amount of thi	is Claim: \$	Ha	as the tutor been p	aid? Yes □ No	-	
Please make payab	le to: Student	.□ Tu	tor 🗆			
*Student's Signatur	re:		Date:			
*Tutor's Signature: (Please attach Tutor'	s Bank Deposit Informa	ition with Tutoring F	Date: Form if not already s	submitted)		
For Office Use On	ıly:					
Approved: □ Yes	□ No Amount App	proved:				
Approved by:			Date:			
Entered by:			Date:			
Funding Allocatio	on: 🗆 PSSSP 🗆 ISET	ſP (□ EI □ CRF) □ I	IPSE			