

Tutoring Claim Form

Student Name: _____

Tutor's Name: _____

Student Address: _____

Tutor Address: _____

Telephone #: _____

Email address: _____

Telephone #: _____

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

Total Amount of this Claim: \$ _____

Has the tutor been paid? Yes ☐ No ☐

Please make payable to: Student ☐

Tutor ☐

*Student's Signature: _____ Date: _____

*Tutor's Signature: _____ Date: _____

(Please attach Tutor's Bank Deposit Information with Tutoring Form if not already submitted)

For Office Use Only:

Approved: ☐ Yes ☐ No Amount Approved: _____

Approved by: _____ Date: _____

Entered by: _____ Date: _____

Funding Allocation: ☐ PSSSP ☐ ISETP (☐ EI ☐ CRF) ☐ IPSE