Receipt of Support Services

Canada-Saskatchewan Grant for Services for Students with Disabilities

Student Service Centre
1120 - 2010 12th Avenue
Regina, Canada S4P 0M3
306-787-5620
1-800-597-8278

This form is used by tutors, note takers, readers, proctor/exam supervisors, interpreter/captioning/oral sign/cart or other services providers to record the hours and cost of their services. The student is required to submit completed and signed form to the Student Service Centre at the address above at the end of each month.

Student Name: ______________________________ Post-Secondary Education Number (PSE): ______________

Type of Service Provided: ______________________________ For the month of: ______________________________

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Total hours for the week
Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	hours
Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	hours
Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	hours
Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	hours
Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	Date: Hours:	hours

Total hours for the month: ____________ at $__________/hour = Total paid: $__________________

Name of Service Provider: ______________________________ Email of Service Provider: ______________________________

Mailing Address of Service Provider: ______________________________ Telephone of Service Provider: ______________________

If more than one type of service is provided, complete one form for each type of service each month.

X ______________________________
Signature of Student

X ______________________________
Signature of Service Provider

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Date