

STUDENTS;

- Complete Section 1 below
- Attach original receipts, **or** have your service provider complete Section 2 (page 2)
- Return unused funds; submit certified cheque, bank draft or money order payable to the **Minister of Finance** to;

Ministry of Advanced Education
StudentAidBC – Directed Programs Unit
PO Box 9173 Stn Prov Govt
Victoria BC V8W 9H7

Staple Repayment
Here

- **Students are responsible for all bank fees and charges.**
- StudentAidBC must receive the unused funds by the end of your study period (shown below).
- Additional copies of this form are available at www.studentaidbc.ca

Section 1 – to be completed by student

NAME OF STUDENT:	SOCIAL INSURANCE OR APPLICATION NUMBER:	
MAILING ADDRESS:	POSTAL CODE:	
CITY:	PROV:	TELEPHONE: ()
SCHOOL NAME:		

Breakdown of CSG-SEPD received

For Study Period	YYYY-MM-DD	YYYY-MM-DD
- Tutor		\$
- Transportation		\$
- Notetaker		\$
- Attendant		\$
- Interpreter		\$
- Captionist		\$
- Reader		\$
- Academic Strategist		\$
- Alternate Format		\$
LESS: Amount paid to your service provider(s)		\$
Unused funds (attach certified cheque, bank draft or money order)		\$

Section 2 – to be completed by Service Provider

NAME OF STUDENT – MUST BE PROVIDED	SOCIAL INSURANCE OR APPLICATION NUMBER:
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NAME OF SERVICE PROVIDER:	E-MAIL ADDRESS:
MAILING ADDRESS:	POSTAL CODE:
CITY:	PROV:
	TELEPHONE: ()

Dates	# of Hours	Hourly rate	Payment received	Initial for payment received	Description of Services
Example: 2011-09-23	2	\$25.00	\$50.00	TC	Tutoring
YYYY-MM-DD					
YYYY-MM-DD					
YYYY-MM-DD					
YYYY-MM-DD					
YYYY-MM-DD					
YYYY-MM-DD					
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YYYY-MM-DD					
YYYY-MM-DD					
YYYY-MM-DD					
TOTAL			\$		

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 (Must Be Signed in Ink)	Print Name	Date Signed