

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: _____

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

Date