

RECEIPT FOR SERVICES

Instructions:

- Separate receipts are required for each service provider.
- The student is responsible to obtain service provider signatures before submitting this form to ENS.
- Receipts must be sent in to ENS by the end of the semester/term or upon request.

STUDENT Name:	SERVICE PROVIDER Name:
Date of Birth:	SERVICE PROVIDER Phone Number:
STUDENT Address:	Semester/Term (Fall/Winter/Summer):

Service Type: Tutoring Note Taking Learning Strategist Other Please Specify: _____

Service Provided: (Note Takers only need to indicate the course start/end dates)	Date	Course Code	Number of Hours	Hourly Rate	Amount Paid
Total Hours			Total Amount		

I understand that by signing below I certify that the information is complete and accurate. I have provided the services stated above as indicated.

Service Provider Signature: _____ Date: _____

I understand that by signing below I certify that the information is complete and accurate. I have received the services stated above and I am responsible to provide payment to the service provider in the amount specified above.

Student Signature: _____ Date: _____