ONTARIO BURSARY FOR STUDENTS WITH DISABILITIES

RECEIPT FOR HOURS OF SERVICE FROM SERVICE PROVIDERS

Student's Name: _____ _____
Surname Given Name

Nature of Service: _____

Name of Tutor/Provider of Service: _____

Tutor's/Service Provider's Telephone Number: _____

Date	Number of Hours	Rate (Cost per hour)	Amount	Signature of Tutor/Service Provider

Total Amount Paid: _____

Please note that it is the student's responsibility to complete this form and obtain the signature of the tutor(s) or provider(s) of service and return to:

Admissions and Awards
University of Toronto
315 Bloor Street West
Toronto, Ontario
M5S 1A3

X_____
Signature of Student