Claim for Tutoring Services

Complete this form in ink, sign and send to Special Services Office

Name of Tutor: _____

Name of Student Tutored: _____

Dates Tutored	Time From	Time To	Number of Hours

Total Number of Hours Tutored: _____

Compensation: $_____ per hour x _____ hours = _____

Date _____ _____
Signature of tutor

Date _____ _____
Principal/Program Director

_____
Account Number

05/27/03