



Nunatsiavut Government – EDUCATION DIVISION

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Bi-weekly Tutoring Claim Form

Student Name: _____

Tutor's Name: _____

Student Address: _____

Tutor Address: _____

Telephone #: _____

Email: _____

Telephone #: _____

Date	Subject	# of Hours	Rate/Hour	Total	Student's Initials

Total Amount of this Claim: \$ _____

Has the tutor been paid? Yes No

Please make payable to: Student

Tutor

*Student's Signature: _____ Date: _____

*Tutor's Signature: _____ Date: _____

(Please attach Tutor's Bank Deposit Information with Tutoring Form if not already submitted)

For Office Use Only:	Invoice #: _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount Approved: _____	
Approved by: _____	Date: _____
Entered by: _____	Date: _____
Funding Allocation: <input type="checkbox"/> PSSSP <input type="checkbox"/> ISETP (<input type="checkbox"/> EI <input type="checkbox"/> CRF) <input type="checkbox"/> IPSE	Revised June 2024