Nunatsiavut Government Education Division
P.O. Box 116 Makkovik, NL A0P 1J0 www.nunatsiavut.com
Toll-free Phone: 1-877-923-2171 Fax: 1-709-923-2347

Bi-weekly Tutoring Claim Form

Email completed form and supporting documents to: education@nunatsiavut.com Incomplete forms will not be accepted.

Student name: _____ Tutor name: _____

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

Total Amount of this Claim: $_____ Has the tutor been paid by you? ☐ Yes ☐ No

Please make this claim payable to: ☐ Student ☐ Tutor*

Student's Signature: _____ Date: _____

Tutor's Signature: _____ Date: _____

*In order for us to pay your tutor directly, you must attach a copy of their direct deposit information or void cheque to this claim or ask your tutor to send a copy to education@nunatsiavut.com if not previously submitted.

Notes: _____

_____

For Office Use Only:

Approved: ☐ Yes ☐ No **Amount Approved:** _____

Approved by: _____ **Date:** _____

Entered by: _____ **Date:** _____

Funding Allocation: ☐ PSSSP ☐ ISETP (☐ EI ☐ CRF) ☐ IPSE

Notes: _____