

# Twindly Bridge Charter School

Matanuska-Susitna Borough School District

Phone: (907) 376-6680 141 E. Seldon Rd. Wasilla, Alaska 99654 Fax: (907) 376-6683

## Instructional Receipt

Student's Name \_\_\_\_\_ Grade: \_\_\_\_\_ ILP Course: \_\_\_\_\_

Vendor: _____	Rate: \$ _____ per: _____ (ex:\$40/month or \$20/hr)
Mailing Address: _____	Phone# _____
_____	Email: _____

Date	Time	Instruction Description	Hours
<i>1/10/2011</i>	<i>3-4:30pm</i>	<i>Basic chemical reaction -or- upper body workout</i>	<i>1.5 hr</i>

<b>Total Instructional Time:</b>	
<b>Total Paid for above Time:</b>	

**TBCS will reimburse for instruction only when:**

- Instruction is directly connected to the student's ILP as an element of the specific course of study listed above.
- The costs of annual passes or family memberships are prorated to include only the cost of the specified student when participating in his/her instructional plan for the ILP specified course of study.
- Instruction has been completed and payment has been made.
- NOTE: Fees paid to an Instructor can not be reimbursed if provided by a family member (spouse, guardian, parent, step-parent, sibling, step-sibling, grandparent, step-grandparent, child, uncle or aunt)

Parent	I verify that my student has participated in the listed instruction and I have paid the following fees:
}	Parent/Guardian Signature: _____ Date: _____

Vendor	I verify that I have provided the listed instruction and have collected the following fees for that instruction:
}	Amount Paid \$ _____ Date Paid _____ Method: Check# _____ Other (list) _____
}	Instructor Signature: _____ Date: _____