



# MAT-SU CENTRAL

Dynamic Personalized Learning



600 E. RAILROAD AVE. STE #6,  
WASILLA, AK 99654

P (907) 352-7450

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## Instructional Receipt

Student's Name \_\_\_\_\_

Grade: \_\_\_\_\_

ILP Course: \_\_\_\_\_

Vendor: \_\_\_\_\_ Rate: \$ \_\_\_\_\_ per: \_\_\_\_\_ (ex: \$40/month or \$20/hr)

Mailing Address: \_\_\_\_\_ Phone# \_\_\_\_\_

Email: \_\_\_\_\_

Days	Time	Instruction Description for month or week	Total Hours
<i>M-F</i>	<i>1 hr</i>	<i>math lessons for month of September</i>	<i>20 hrs</i>
Total Instructional Time:			
Total Paid for above Time:			

### MSCS 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 cannot 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: \_\_\_\_\_

REV 06/09/21