

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Student Name \_\_\_\_\_

Lesson dates \_\_\_\_\_ to \_\_\_\_\_

Type of lesson/service provided \_\_\_\_\_

**NOTE: ALL FIELDS MUST BE COMPLETED. REIMBURSEMENTS WILL NOT BE PROCESSED WITH AN INCOMPLETE FORM. PAYMENTS ARE CONTINGENT ON THE STUDENT BEING UP-TO-DATE WITH ALL PACE PROGRAM REQUIREMENTS.**

### **PACE Standard Receipt**

Service Provider Name \_\_\_\_\_

Current Address \_\_\_\_\_

----- THIS PORTION TO BE COMPLETED BY THE SERVICE PROVIDER -----

Sessions/lessons this period \_\_\_\_\_

Cost per session/lesson \_\_\_\_\_

**TOTAL PAID** \_\_\_\_\_

**Provider Signature** \_\_\_\_\_

----- THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN -----

**Family group number** \_\_\_\_\_ **Purchase request number**

\_\_\_\_\_  
**Parent Signature** \_\_\_\_\_