



PACE Standard Receipt

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.

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

Date ____/____/____

Student Name _____

Family group number _____ Purchase request number _____

Parent Signature _____

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

Service Provider Name _____

Service Provider Address _____

Service Provider Phone ____/____/____

Type of lesson/service provided _____

Lesson dates from _____ to _____

Sessions/lessons attended or completed this period _____

Cost per session/lesson _____

TOTAL PAID _____

Provider Signature _____