



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 _____

****** THIS PORTION TO BE COMPLETED BY THE SELLER OR SERVICE PROVIDER ******

Vendor/Seller Name _____

Vendor Signature **X** _____

Vendor/Seller Address _____

Vendor/Seller Phone ____/____/____

FOR PURCHASED ITEMS

Date ____/____/____

Item Purchased _____

Purchased for which class on SLP?
(required) _____

Item Cost \$ _____

Shipping Cost \$ _____

Total Paid \$ _____

FOR LESSONS OR SERVICES

Dates ____/____/____ to ____/____/____

Provided for which class on the SLP?
(required) _____

Number of Lessons _____

Cost per Lesson \$ _____

Total Paid \$ _____

Parent/Guardian Signature **X** _____