

Last name

First name

Permanent code assigned by the Ministère

Section 3 – Receipt related to specialized services

A. Type of specialized service

Check off one box only. If necessary, use a separate form for each service for which you must provide a receipt. However, be sure to send all the forms in a single transmittal.

Reader Note-taker Transcriber Interpreter Attendant

B. Attestation by the person who provided the service mentioned above

For the entire period indicated in section 2, I hereby confirm that I received from the student identified in section 1 an amount equal to _____ hours of service, exclusively for the specialized service mentioned above.

Last name and first name of person who provided the service (use block letters)

Telephone

Electronic signatures are not accepted.

Signature X _____

Signature of the person who provided the service

Date

Y M D
|_|_| |_|_| |_|_|

Signature X _____

Signature of the student who benefited from the service

Date

Y M D
|_|_| |_|_| |_|_|

Section 4 – Receipt related to private paratransit service

A. Type of paratransit service

Private paratransit carrier Taxi

B. Attestation by the carrier

For the entire period indicated in section 2, I hereby confirm that I made the number of round trips specified below, where the cost of a single round trip between the student's residence and the educational institution is specified below.

Number of round trips _____ X one round trip at \$ _____ . _____ = \$ _____ . _____

GST \$ _____ . _____

QST \$ _____ . _____

Total \$ _____ . _____

Name of carrier

Permit No.

Telephone

Electronic signatures are not accepted.

Signature X _____

Signature of an authorized representative of the carrier

Date

Y M D
|_|_| |_|_| |_|_|

Signature X _____

Signature of the student who benefited from the service

Date

Y M D
|_|_| |_|_| |_|_|

