



AHKWESÁHSNE MOHAWK BOARD OF EDUCATION

Post-Secondary Assistance Program

Post-Secondary Tutorial Assistance

Tutor Payment Voucher

Student Name: _____ Date: _____

Name of Tutor: _____

Address of Tutor: _____

Date of Session	Time Tutored	Signature of Student	No. of Hours
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Hours: _____

I hereby certify that I have tutored the number of hours as stated above.

Signature of Tutor

Approval of Post-Secondary Manager