

Tutoring Expense Claim Form

Name of Student _____

Name of School _____

Degree/Major _____

Semester/Quarter and Year _____

The above named student is enrolled in: _____
Course Name and Number

I certify that I have tutored the above named student on the following dates and for the hours listed below:

Dates	Number of Hours
_____	_____
_____	_____
_____	_____
_____	_____

Fee: \$ _____ per hour Total Cost \$ _____

Tutor's Name: _____

Tutor's Signature: _____ Date: _____

Tutor's Address: (Tutor's address and phone number are required even if reimbursement is being made to the student)

Tutor's Phone # _____

Make Payment to: Tutor Student (Tutor signature required below for payments to the student)

This certifies that I have received \$ _____, from _____ for tutoring services as indicated above.

Tutor's Signature _____ Date _____

EMBASSY OF THE REPUBLIC OF BOTSWANA

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