



**NORTH
SHORE
DISABILITY
RESOURCE
CENTRE**

3158 Mountain Highway
North Vancouver
British Columbia V7K 2H5
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Email: nsdrc@nsdrc.org
Website: www.nsdrc.org

Receipt for Hours Worked Summer Bursary Program

This receipt must be completed by the worker and returned to our office for reimbursement, once they have completed working for you.

I, _____, received \$ _____
(PRINT name of worker) (\$ amount received)

from _____ for assisting _____
(PRINT parent's name) (PRINT child's name)

Hours:

A. Number of hours worked per day: _____

B. Total number of hours worked during the summer: _____

Financial:

A. Amount paid per hours: \$ _____

B. Total amount received: \$ _____

Name of Worker (please print): _____

Address: _____

Telephone: _____

Date Submitted