

## **Remedial Tutoring Project Payment Voucher**

PV No: Payment Period (Fi	rom:To:)
Full Name of the Tutor:	
Home Phone No:	Cell Phone No:
Address:	
E-Mail Address:	Gender:
Academic Qualifications:	
Hourly Rate (in Rs):	
Total number of hours:	Amount (in Rs):
Subject(s):	Grade(s):
Commercial Bank A/C No:	
Tutor's Signature:	Date:
Principal's Signature:	Date:
VCCOSA-CANADA Office Use Only (Do not fill this area):	
Approved By (Project Coordinator, Mr. S. Elancheliyan):	
Paid By (Treasurer, Mr. S. Sritharan):	Date: