MIDWESTERN UNIVERSITY
TUTOR PROGRAM
REQUEST FOR PAYMENT

Tutor Name: _____ **Date:** _____

Phone: _____

Date	Student(s) Tutored List Name(s)	Course	Student's Program PT, CCOM, MABS, etc. (*not* Tutor's Program)	Tutoring Hours/ Prep Hours

Total Number of Hours Reported: Prep:_____Tutoring:_____

Amount of Reimbursement Requested: $_____

I hereby confirm that I have tutored for the above hours:

_____

Tutor's Signature **Date**

Please note that time sheets must be submitted **within the quarter that tutoring services are rendered**, preferably within two weeks of service. Time sheets will not be honored if turned in after the end of the quarter. Thank you.

----------Do not write below this line----------

Date form submitted:_____ Student Services Signature: _____