



# Uncharted Shores Academy

## MONTHLY REPORT FOR VENDOR SERVICES

MONTH: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

DATES OF SERVICE: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Credentialed Teacher Name: \_\_\_\_\_

Vendor Business Name: \_\_\_\_\_

Service Provided: \_\_\_\_\_

*I attest that I chose this vendor, my child has received the indicated services, and I take responsibility for the activity provided. I attest that the services for the indicated dates have been authorized and I will pay for any services not authorized in the initial contract.*

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

*I attest that the student has attended the sessions billed in the invoice for the indicated dates.*

Name of Authorized Signer: \_\_\_\_\_ Title: \_\_\_\_\_

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I attest that the provided activities have been logged as educational hours for this student and the payment for services are authorized for the indicated dates.*

Teacher Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_