



VENDOR DIRECT PAYMENT

Interior Distance Education of Alaska
 751 Old Richardson Hwy. Ste. 202, Fairbanks, AK 99701
 907-450-7400 (Voice) 907-374-2275 (Fax)
 instruction@ideafamilies.org

Vendor name: _____
 Name to appear on check: _____
 Mailing address: _____
 City, state, zip: _____
 Phone: _____
 Email: _____

To what subject on the ILP does this instruction relate? _____

All activities, services, guided instruction, or memberships must be tied directly to each student's ILP. Payment cannot be made until after services are rendered. IDEA is prohibited from paying sales tax. This payment request is for (check one):

- Guided Instruction Cost/lesson: \$ _____
- Other: _____
- Field trip, membership, annual pass, or family admission

(Family memberships or entrance fees must be prorated for IDEA students. In addition to IDEA students, we will fund one parent if the parent is providing instruction.)

Total: \$ _____ Family members to whom fee applies: _____

Prorated amount that applies to IDEA students only, or IDEA students and one parent: \$ _____

Student name (first & last):	Type of instruction (be specific):	Start date:	End date:	Total requested:
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Parent name (print): _____ Grand total: \$ _____
 IDEA contact teacher: _____

The District makes no guarantees or warranties regarding the services of independent vendors arranged, scheduled, or contracted by parents. In signing below, the parent/guardian waives any and all claims, demands, and/or causes of action they may have or assert against the Galena City School District for services provided by independent vendors, whether or not such claims are now known or unknown, expected or unexpected.

Parent signature: _____ Date: _____

Instructor signature: _____ Date: _____