



VENDOR DIRECT PAYMENT

Interior Distance Education of Alaska
 2157 Van Horn Road, Fairbanks, AK 99701
 877-582-4332 (Voice) 907-374-2275 (fax)
 instruction@ideafamilies.org

Vendor name: _____
 Name to appear on check: _____
 Vendor 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): _____
 IDEA contact teacher: _____

Grand total: \$ _____

Parent signature: _____ Date: _____

Instructor signature: _____ Date: _____