

# Tutoring Session Billing Statement

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

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

Billing Date:  
\_\_\_\_/\_\_\_\_/\_\_\_\_

Tutor Name: \_\_\_\_\_

Contact: \_\_\_\_\_

## Session Details

Date	Time	Subject	Duration (hrs)	Rate/hr	Total	Notes
____/____/____	_____	_____	____	____	____	_____
____/____/____	_____	_____	____	____	____	_____

Subtotal	_____
Discounts	_____
Amount Due	_____

Payment Instructions / Notes:

\_\_\_\_\_

Prepared By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_