

Tutor/Therapist's Company Name (If applicable)

Tutor/Therapist's name

Phone

**PAID**

Child's name

Address

Phone

Date of Service	Type of Service	Hours/Units and Rate of Service	Total Charge of Service
7/23/2014	Math	20hrs @ \$40/hr.*	\$800+\$23.50=\$823.50***
7/23/2014	Speech	1 unit @ \$120**	\$120
7/23/2014		ESA Credit Card (Last 4 Digits)****	\$120
7/23/2014		Balance Due:	\$0.00

\*How many hours they worked with the child and the rate they charge

\*\*Some Tutor/Therapist may charge by the unit or the entire session, either is acceptable

\*\*\*PayPal and some other card reading service providers charge fees, which are NOT approved.

\*\*\*\*If it's a Point of Sale purchase, we need the person to state that the Credit Card was used and include the last 4 Digits of the Credit Card

Tutor/Therapist's Signature

Tutor/Therapist's Printed Name