

# Private Tutor Services Bill

Bill No.:

Date:

Student Name:

Parent/Guardian Name:

Contact Number:

Address:

| Date | Subject | Duration (hrs) | Rate per Hour | Total |
|------|---------|----------------|---------------|-------|
|      |         |                |               |       |
|      |         |                |               |       |

Subtotal:

Discount:

Total Amount Payable:

Payment Method:

Notes:

\_\_\_\_\_  
Tutor Signature