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# Order Form

Date	
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Assignment No	
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Client Name	
Client Contact	
Telephone	

Assignment Description	
Subject	
Teaching Level	
Support	
Type of Support	
Special Notes	

## Contracted Days and Times

Start Date	End Date	Day	Start Time	Finish Time	Duration	Frequency	Weeks	Sessions
<b>Total Hours</b>			<b>Hourly Rate</b>			<b>Gross Fee</b>		<b>£</b>

Approved: \_\_\_\_\_

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

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