

CyberLynx
P.O. Box 599
Nenana, AK 99760



907-832-5423
Toll Free: 888-424-5969
Fax: 907-832-5468

PRICE QUOTE for SERVICES

Submission of this form sets aside money from the family's account for payment for the services you indicate here. This is a request for approval to submit a statement/invoice for these services upon their completion. From this PRICE QUOTE you will receive a purchase order insuring that you will be paid for the services provided. **We do not pay from this form.** When submitting the invoice you must clearly indicate the number from the purchase order. Note: For electives (i.e.; PE Art, Music) a full time student is only allotted \$807 per fiscal year.

Date	(Vendor Name)		
	(Mailing Address)	(State)	(Zip)
	(Phone)	(Fax)	

Services to be provided _____
(violin lessons)

Expected number of sessions _____ From _____ To _____

Proposed billing periods _____
(by the month, semester, etc.)

Student names (first & last)	Expected Costs (include any required items)

Family Name: First & Last

Mailing Address

City State Zipcode

Parent Signature (required)

Vendor Signature (required)

Parent and Vendor understand that payment will not exceed the amount of this price quote.

