



Employee Assistance Program for Teachers Counsellor Invoice Form

Counsellor's Name: _____

Email: _____

Phone: _____

Address: _____

Invoice No: _____

Client's EAP No: _____

Hourly Rate Paid by EAP: \$40.00

Date Services Rendered	Number of Counselling Hours	= EAP Amount
TOTAL:		

RETURN WITH TEACHER VERIFICATION FORM ELECTRONICALLY TO:

Lori Hewitt, ext. 242 (lhewitt@nlta.ca) or **Kenda Riggs, ext. 265** (kriggs@nlta.ca)

Employee Assistance Program for Teachers
3 Kenmount Road
St. John's, NL
A1B 1W1
709-726-3223 or 1-800-563-3599

For Office Use Only

Authorized by:
Date:
Account Code: 720029-01
Confirmed: