THE INSTITUTE FOR EXPRESSIVE ANALYSIS

CC ACCOUNTING

CANDIDATE NAME _____ PHONE _____

PLACE OF SERVICE_____ EMAIL_____

Please record by day and date in order of appointment. Use as many sheets as necessary.

DATE OF SERVICE-HOUR OF SERVICE-CLIENT INITIAL	PREVIOUS BALANCE	FEE CHARGED	AMOUNT PAID	CHECK NUMBER/ CASH	BALANCE

AMOUNT IN CASH	
AMOUNT IN CHECKS	
TOTAL AMOUNT SENT	

Submit to Gail Elkin-Scott:
32 Union Square East Suite 1218, New York, NY
10003by the 7th of the month