

CHURCH PARTNERSHIP VOUCHER

VOUCHER #:	(SpringHaven Office use only) DATE:			
CHURCH:		Phone	Phone:		
BILLING ADDRESS	:				
	Street Address	City	State	Zip Code	
Email for billing in	voices: nvoices will be sent via Square and can be pa	id through Squa	re or check in the	mail)	
We request paym	ent for services to be divided accordi	ngly:			
	\$	Church	Church Portion		
	\$	Client P	ortion		
	= \$85.00 (To	tal fee per ses	ssion)		
	orize sessions f a minimum of 6-12 sessions.	at this time, r	ecognizing that	short term therapy	
(Check one):					
Yes, we w	ill be willing to consider authorization	of additional	sessions follow	ving the contact of:	
· 		a	t		
Autho		Pl	none #		
No, we do	o not wish to authorize additional sess	sions.			
Authorized signat	ures:				
Authorize	Sr	SpringHaven Billing Coordinator			