



# 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
<b>TOTAL:</b>		

**RETURN WITH TEACHER VERIFICATION FORM ELECTRONICALLY TO:**

**Lori Hewitt, 709-733-3242** ([lhewitt@eapnlteachers.ca](mailto:lhewitt@eapnlteachers.ca)),

**Kenda Riggs, 709-733-3265** ([kriggs@eapnlteachers.ca](mailto:kriggs@eapnlteachers.ca)),

OR

**Nancy Ivany, 709-733-3269** ([nivany@eapnlteachers.ca](mailto:nivany@eapnlteachers.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: