



Pursuits

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August 31, 2015

Name of Provider (i.e., Sharla Macy)

Address of Provider

For: Client's initials or name (i.e., Jill F.)

Billing Form				
Date of Service	Service Provided	Contracted Rate for Payment from Client	Unit of time	Total
8/3/15 -	Coaching	\$xxx.	1.0	\$xxx.
8/19/15 -	Psychotherapy	\$xxx	1.0	\$xxx
8/25/15 -	Counseling	\$xxx.	1.0	\$xxx
				TOTAL: 3 times \$xxx.