AFFILIATE REIMBURSEMENT FORM

Affiliate Name _____

Affiliate Address _____

_____

Tax ID or SS# _____

Date_____

Client Name _____

Client Company _____

Date of Service	Type of Service	Time	Fee
		Total Fees	**$**

Checklist

□ Client Data Form ("Confidential Information for our Records")
□ Statement of Understanding
□ Client Intake & Assessment Form (2 pages)
□ Case notes (if needed)
□ Consent for Release of Confidential Information (if needed)
□ Closing Data Sheet

Please remit this Invoice along with above paperwork to:
Frank Horton Associates, LLC
3717 National Drive, Suite 210
Raleigh, NC 27612