



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.

Table with 6 columns: DATE OF SERVICE-HOUR OF SERVICE-CLIENT INITIAL, PREVIOUS BALANCE, FEE CHARGED, AMOUNT PAID, CHECK NUMBER/ CASH, BALANCE. Multiple empty rows for data entry.

Summary table with 2 columns and 3 rows: AMOUNT IN CASH, AMOUNT IN CHECKS, TOTAL AMOUNT SENT.

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