

DOR Affiliate Invoice

Affiliate Name and Address: _____

Tax I.D. Number: _____

Month of: _____ 20__


Date of Contact	Client Name	Company Name	No-Show	Fee Charged

With this invoice, we must receive the signed statement of understanding, completed client information sheet and a completed counselor form for *each* session. Submit the paperwork within 30 days of the last session.

DOR may reduce fees paid for late submissions as follows:

After:	<u>Reduction in payment</u>
90 days	50%
180 days	100%

12/02

	Delivering Organizational Results	DOR 430 1st Avenue North Minneapolis, MN 55401	612-332-4805 800-367-3271	Fax: 612-342-2422 www.doreap.com doreap@doreap.com
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