



MONTHLY PAYROLL VOUCHER

FOR SERVICES PROVIDED DURING THE MONTH OF: _____, 20____

INTERVENTIONIST NAME : (print name)		HOME PHONE: ()				BUS. PHONE: ()							
CORPORATE NAME: (if applicable)		CELL PHONE: ()				} ED } SLP } OT } PT } Psych } Other							
Address:		Apt. #		City:				State				Zip:	

CHILD'S NAME Last , First	DATES OF MONTH DURING WHICH SERVICES WERE RENDERED PLEASE CIRCLE THE APPLICABLE DATES OF SERVICE																															DOCUMENTS ATTACHED		SESSIONS			TOTAL DUE
																																Quarterly Progress Notes	Daily Progress Notes	# of Min. Per Session	# of Sessions	Rate Per	
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31						
								TOTAL DUE								\$																					

NAMES OF CHILDREN STARTED THIS MONTH:

Signature: _____

Date: _____

For office use only:

Date Received: _____

Total Sessions: _____

Total Amount Due: _____

NOTE: Homecare payroll vouchers will be processed for payment within 45 days after submission to The Children's Center, provided that this voucher is submitted with parental signature form, progress reports & calendars when needed.