TRILLIUM SPRINGS COUNSELING
1640 Powers Ferry Road, Building 16, Suite 100, Atlanta, Georgia 30067

Therapist Payroll Record

Therapist: ____

Pay period: ____
(e.g., 1/1/10-1/15/10 or 1/16/10-1/31/10)

Session Date	Client	If Group Client, list Other Therapist	Check if First time Client	Amount Paid Add Code: Ck=Check CC=Credit Card $ = Cash