



**WORKPLACE WELLNESS**

**Invoice for Service Rendered for Critical Incident Stress Management (CISM)**

Make Checks Payable to:	
Company Name	
Provider Name	
Mailing Address 1	
Mailing Address 2	
City/State/Zip	
Tax ID	
Service Details	
Organization's Name Performed to	
Date of Response	
Time of Response	
Number of Groups Performed	
Number of Individual Employees	
Number of Management Consults	
Any follow-up recommendations?	
If so, what are they?	

Activity Details	Duration (hrs)	Contracted Rate	Total
On-Site			
Travel (Roundtrip)			
		<b>Grand Total Invoiced</b>	

Notes

**Bill to:**

Sand Creek  
 610 North Main Street, Suite 200  
 Stillwater, MN 55082  
 Phone: 888.243.5744  
 Fax: 651.430.3953  
[www.sandcreekeap.com](http://www.sandcreekeap.com)

**Thank you for your service that you provided on behalf of Sand Creek.**