



Department of Educational and Counselling Psychology
Psycheducational and Counselling Clinic

Payment History

Client Name: _____ Client Code: _____

Trainee Name: _____ Trainee McGill ID: _____

Fee Reduction Granted (Y/N)? _____ New Rate: _____ Effective Date: _____

Date Received	Amount Paid	Receipt No.	Type of Payment (i.e., cheque, money order)	Reference No. (i.e., cheque number)	Received From	Notes	Trainee Initials

Total Payment Received: _____ Trainee Signature: _____ Date: _____