

DEA-EAP: CONSULTATION SERVICE RECEIPT

Authorization Number _____ Clinician's Name: _____

Division: _____ SAC: _____ ASAC: _____ RAC: _____
RAC: _____

Address: _____

Date(s) of Consultation: _____

Type of Consultation:

_____ Management Organizational Crisis Intervention

Actual Case Problem/Situation Focus:

Actions Taken – Methods Employed:

Results Achieved:

of Managers Involved: _____ # Employees Involved: _____

Costs: Please attach receipts

Actual Hours Required: _____ Actual Travel Time: _____ Travel Costs: _____

Manager's Name: _____

Approval: _____
Printed Signature
Date: _____

Administrative Clinician