



**WESTERN CAPE ASSOCIATION FOR PLAY THERAPY
WES-KAAP VERENIGING VIR SPELTERAPIE**

FORM S4

CLAIM FORMS FROM THERAPISTS

Name of Therapist:.....

Banking Details

Account Holders name:

Bank:

Bank Code:

Account Number:

Client name:

Client	Date of Session	Approved Rate per session
		R
		R
		R
		R
		R
		R
		R
		R
	TOTAL	R

Attached please find the letter of approval for the services to be rendered with the above invoice:

Signed:.....

Date:.....