



**FRIENDS RESEARCH INSTITUTE, INC.**

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**CONSULTATION FORM**

DATE: \_\_\_\_\_

AMOUNT: \$ \_\_\_\_\_

CHARGE TO PROJECT #: \_\_\_\_\_

SERVICES RENDERED: \_\_\_\_\_

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SOCIAL SECURITY #: \_\_\_\_\_

PAYEE'S SIGNATURE: \_\_\_\_\_

PAYEE (PLEASE PRINT): \_\_\_\_\_

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*If you would like to receive your payment via direct deposit, please provide your email address so that you can be sent an invite to set up your account via "Bill" (our accounts payable system):*

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