**Counselor Hours Form**

**Counselor Name:**

**Client #:**

**Date:**

**Hours:**

**Session Cost:**

**Payment Source:**

**Are these funds for Sexual Assault Set Aside Funds?**

**Total Billed to VAWA:**

**I hereby certify that the hours listed are correct and due for payment according to the grant agreement for the STOP VAWA Grant:**

**Counselor Signature Date**

**Supervisor’s Signature Date**