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REQUEST FOR PAYMENT

Program Committee for
Leadership for Ministry
600-177 Lombard Ave.
Winnipeg MB R3B 0W5

PART ONE
For use by Psychologist

Candidate's Name: _____

Tests used:

Time spent in evaluation: _____

Time spent in interpreting results to candidate: _____

The Evangelical Lutheran Church in Canada does not reimburse synods when the evaluation has not been discussed with the candidate.

Total charge for professional services: \$ _____

Date: _____

Signature: _____

Name: _____

Address:

Return this completed form to the synod for which you are serving as consultant.