**SPECIAL INTEREST GROUP**

**INVOICE FOR PAYMENT**

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Date:

To: Society of Pediatric Psychology, APA Division 54

 Robin Everhart, Treasurer

Email to: reverhart@vcu.edu

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Amount Requested:

Reason for payment (describe):

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Please remit payment to:

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Name:

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Address:

Phone:

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Approved by:

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Signature Date

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Print Name

 April 20, 2018