**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](mailto:reverhart@vcu.edu)

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Amount Requested:

Reason for payment (describe):

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Approved by:

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Signature Date

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Print Name

April 20, 2018