

# RPA CLINIC ORGANIZER INVOICE Page 2 of



This is page two (2) of the Clinic Organizers Invoice. Please send this invoice to RPA treasurer via US mail, fax or as an email attachment. Please include receipts; if emailing, retain receipts for record. If no receipt exists, please indicate so on this form.

**CLINIC NAME:** \_\_\_\_\_

**FIRST NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**PHONE / EMAIL:** \_\_\_\_\_

Descriptions:	Cost:
_____ : .....	\$ _____
_____ : .....	\$ _____
_____ : .....	\$ _____
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<b>TOTAL:</b> .....	<b>\$</b> _____