



Book Payment Form

Please fill out this form completely and fax to:

Shanna Peters

Fax: 866-519-0365

Phone: 913-642-8598

Email: shanna.peters@kansasaap.org

** Be sure to include ALL pages of the invoice with this form**

Date: _____ Site Name: _____

Mail payment to:

Check Payable to: _____

Address: _____

City, State, Zip: _____

Reimbursement Amount (Invoice total): _____

Total number of books ordered (include complimentary books): _____

Site Director signature: _____

*You may have to shrink the fax down to 90% in order for the entire invoice to be included in the fax. We can not make payment unless we have a copy of the complete invoice.

For Office Use Only
Check # _____
Amount \$ _____
Mailed _____