



**University of Chicago Language Center**

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**INVOICE**

Date: 06/30/2016

Invoice #: AEPA 0616-4

Student name:

**Bill to:**  
**Name & title:**  
**Department & program:**  
**E-mail address:**  
**Telephone number:**

Description	Amount
Academic English Proficiency Assessment	\$ 50.00

**Total:** \$0.0

Please transfer the total amount to the University of Chicago Language Center Testing Account: **2-91358- 9417**