

**Institute for Professional Development**

EIN 22-3064914

**INVOICE#61726**

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Print Your Name of person attending this webinar.

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| DATE OF WEBINAR | DESCRIPTION   | FEE   | TOTAL   |
|-----------------|---|-------|---------|
| June 17, 2026   | Comprehending, Purchasing & Management of Employee Health Insurance Webinar | 50.00 | 50.00   |
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| TOTAL DUE       |   |       | \$50.00 |

**Make all checks payable to IPD**  
**And mail to: IPD, 17 Hathaway Place, Glen Ridge, NJ 07028**

**CLAIMANTS CERTIFICATION & DECLARATION**

I do solemnly declare and certify under the penalty of the law that the within bill is correct in all its particulars, the articles have been furnished or services rendered as stated herein, that no bonus has been given or received by any person or persons within knowledge of this claimant in connection with the above claim and that the amount charged is a reasonable one.

Just send your check with the application form!  
 You do not need to send us your Voucher for a separate signature since the presigned certification on the left can be attached to your voucher in lieu of sending it to us for a signature. This form has been determined by DLGS to meet the requirements of the statutes for this type of expenditure.

*Michael F. Conti*  
 Michael F. Conti, Program Coordinator