



PAYMENT REQUEST FORM

Please send an email to aspp-paes@federationhss.ca with: - A PDF or photo of the Acknowledgements page including the ISBN; - A photo of the book so that we can "see" a hard copy of the final product; - This signed Payment Request Form, as a PDF. - A copy of the decision letter Please keep a copy of the book aside, as we might ask you to send it to us by mail. **REQUIRED INFORMATION:** 1) Publisher: 2) Author(s): 3) Title: 4) Publication date: 5) Publication formats: (check all that apply) ☐ Cloth Print run: ☐ Paper Print run: ☐ PDF ☐ EPUB ☐ Other Please specify: 6) Number of pages:

7) Page on which ASPP acknowledgement can be found: (Bookmark location if not found on a numbered page)

A) Other funding:					
Do you have a commitment of other funds to assist this	publication?	□ Yes	□No		
If yes, please indicate amount and name of source:					
B) Open Access					
Is this book currently available in Open Access?	□ Yes	□ No			
If yes, please include the link:					
If no, will this book be available in Open Access at some point in the future? Yes					
If yes, please specify date, if possible:					
Signature:	Name:				
Date:	Title:				