

# Invoice



**From:**

AFP, Cincinnati Chapter  
PO Box 31206  
Cincinnati, OH 45231  
Phone (513) 939-2652  
Fax (513) 939-2653  
Email: [admin@afpcincinnati.org](mailto:admin@afpcincinnati.org)

|                  |                   |
|------------------|-------------------|
| Invoice Number   | INV-0434          |
| Order Number     | 14759             |
| Invoice Date     | November 15, 2023 |
| <b>Total Due</b> | <b>\$0.00</b>     |

Terms: Due Upon Receipt

| Job Title | Company Name |
|-----------|--------------|
|           |              |

| Hrs/Qty | Service                        | Rate/Price | Sub Total |
|---------|--------------------------------|------------|-----------|
| 1       | <a href="#">Member Listing</a> | \$200.00   | \$200.00  |

## Payment Information:

### Check

Please make check payable to:

AFP, Greater Cincinnati Chapter  
PO Box 31206  
Cincinnati, Ohio 45231

Payment Amount: \_\_\_\_\_

Check Number: \_\_\_\_\_

*Please return invoice with payment*